S. No. 300
v. 10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 10 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1596

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN
c. LENGTH OF STAY (in this place): 2 MONS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2111 SERGEANT

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: JASPER
c. CITY OR TOWN: JOPLIN
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 2111 SERGEANT 0495 0

3. NAME OF DECEASED (Type or Print): a. (First) JEREMIAH b. (Middle) W. c. (Last) FLY

4. DATE OF DEATH (Month) JAN (Day) 2 (Year) 1956

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED

8. DATE OF BIRTH DEC 5, 1878

9. AGE (In years last birthday) 77 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country): ROCKY COMFORT, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME L D FLY

13b. MOTHER'S MAIDEN NAME THEODOSIA SNEAD

14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 497 24 9401

17. INFORMANT'S SIGNATURE OR NAME CARL CLOUD — ADDRESS BAKER, ORE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inanition and Debilitation — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinomatosis — 2 yr

DUE TO (c) Primary of Breast 170X — ?

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19 54

19b. MAJOR FINDINGS OF OPERATION Surgery done in Kansas, unable to get report from Surgeon, only patients history

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/19, 19 55, *to* Jan. 2, 19 56, *that I last saw the deceased alive on* 12/26, 19 55 *and that death occurred at* 8:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE J R Morson — (Degree or title) D. O. — **23b. ADDRESS** 3014 Main Joplin Mo. — **23c. DATE SIGNED** 1/4/56

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE JAN 5, 1956

24c. NAME OF CEMETERY OR CREMATORY OSBORNE MEM PARK

24d. LOCATION (City, town, or county) JOPLIN (State) Mo

DATE REC'D BY LOCAL REG. 1-4-56

REGISTRAR'S SIGNATURE James L. Lemkins M.D. by Roland Lemkins M.D.

25. FUNERAL DIRECTOR'S SIGNATURE HURLAUT GLOVER — ADDRESS JOPLIN

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 9 1956
Jasper County Health Office
County File Number 56-1-30
Date Filed JAN 9 1956

MAR 12 1959

JAN 22

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Dale Glover

Licensed Embalmer No. 45

P. O. Address Joplin,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.