

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

9493

State File No. _____

FILED APR 4 - 1956

157

3028

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BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CARTHAGE	c. LENGTH OF STAY (in this place) 2 DAYS	c. CITY OR TOWN WEBB CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION MCCUNE BROOKS HOSPITAL		e. STREET ADDRESS (If rural, give location) 1027 WEST CROW	

0491

3. NAME OF DECEASED (Type or Print) a. (First) STELLA b. (Middle) VIRGINIA c. (Last) BOWERS			4. DATE OF DEATH (Month) (Day) (Year) MARCH 28, 1956		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCTOBER 22, 1885	9. AGE (In years) 71 IF UNDER 1 YEAR Months 5 Days 6 IF UNDER 12 HRS. Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and State or Foreign Country) WEBB CITY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME GEORGE SPENCER		13b. MOTHER'S MAIDEN NAME LAURA WILLIAMS		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 499-14-8376		17. INFORMANT'S SIGNATURE OR NAME MRS. CHARLES BARNETT ADDRESS WEBB CITY, MISSOURI	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1-YR.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arricular Fibrillation		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Pernicious Anemia		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 10-26, 1953, to 3-28, 1956, that I last saw the deceased alive on 3-28, 1956, and that death occurred at 5:45 PM, from the causes and on the date stated above.

23a. SIGNATURE <i>Paul H. ...</i>	(Degree or title) M.D.	23b. ADDRESS 121 West 4th Carthage, Mo.	23c. DATE SIGNED 3-29-56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3/31/1956	24c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL CEMETERY	24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI

DATE REC'D BY LOCAL REG. 3-30-56	REGISTRAR'S SIGNATURE <i>EM Clinton</i>	25. FUNERAL DIRECTOR'S SIGNATURE HEDGE LEWIS FUNERAL HOME	ADDRESS WEBB CITY, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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MAY 8 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed L. J. Lewis Jr.

Licensed Embalmer No. 450

P. O. Address Will. Ci.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.