

FILED MAY 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13686

State File No.

BIRTH NO.		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>198</u>	
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>		c. LENGTH OF STAY (In this place) <u>2 DAYS</u>		c. CITY OR TOWN <u>JOPLIN</u>		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 <u>ST. JOHN'S HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>213 N. PICHER AVE. 049 2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LENA</u>		b. (Middle) <u>FERN</u>		c. (Last) <u>BEELER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 2, 1956</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>DEC. 17, 1910</u>	
9. AGE (In years last birthday) <u>45</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESLADY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NEWMAN'S DEPT STORE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ORONOGO, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>FLOYD SETSER</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA BROCK</u>		14. NAME OF HUSBAND OR WIFE <u>JACK BEELER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JACK BEELER, 213 N. PICHER AVE.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6-8 months</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES DUE TO (b) <u>Ca of vulva</u> DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS (Probable melanoma or papillary Ca) Conditions contributing to the death but not related to the disease or condition causing death. <u>Indeterminate type tumor</u>				Interval between onset and death <u>2 1/2 years.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>176x</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>8-24-54</u> , 19 <u> </u> , to <u>5-1-56</u> , 19 <u> </u> , that I last saw the deceased alive on <u>5-1-56</u> , 19 <u> </u> , and that death occurred at <u>11:55 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Date or fifth) <u>[Signature]</u>				23b. ADDRESS <u>308 Frisco Bldg., Joplin, Mo.</u>		23c. DATE SIGNED <u>5-4-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5-4-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HILLCREST CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>GALENA, KANSAS.</u>	
DATE REC'D BY LOCAL REG. <u>5-4-56</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STEVE PARKER MORTUARY, JOPLIN, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Jasper County Health Office 388
County File Number 56-5-388
Date Filed MAY 5 1958

MAR 29 1957

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 F. M. Jones

Licensed Embalmer No 231

P. O. Address Joplin

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