

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27345

State File No.

FILED SEP 12 1956

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 381

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 Joplin		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"/>
c. LENGTH OF STAY (in this place) 2-weeks		STREET ADDRESS (If rural, give location) 311 W. 3rd. St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Bertha b. (Middle) Lee c. (Last) King			4. DATE OF DEATH (Month) (Day) (Year) August 18, 1956		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 21, 1902	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telephone Operator		10b. KIND OF BUSINESS OR INDUSTRY Bell Telephone	11. BIRTHPLACE (City and State or Foreign Country) Purcell, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME Francis D. Miller	13b. MOTHER'S MAIDEN NAME _____	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 492-07-7743	17. INFORMANT'S SIGNATURE OR NAME Mrs. Opal Lee, Webb City, Missouri	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary oedema		INTERVAL BETWEEN ONSET AND DEATH 10 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hepato-renal syndrome		3 days
	DUE TO (c) Acute infectious hepatitis		3 weeks
II. OTHER SIGNIFICANT CONDITIONS (Cholecystectomy 8-14-56)(Choledochostomy 8-14-56) Conditions contributing to the death but not related to the disease or condition causing death. (Bronchiectasis rt. lower lobe)			8 days

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____	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 11-3-55, 19 , to 8-18-56, 19 , that I last saw the deceased alive on 8-17-56, 19 , and that death occurred at 1:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter Howard M.D.	23b. ADDRESS Joplin, Missouri	23c. DATE SIGNED 8-20-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE August 20, 1956	24c. NAME OF CEMETERY OR CREMATORY Purcell Cemetery	24d. LOCATION (City, town, or county) (State) Webb City, Mo.
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DATE REC'D BY LOCAL REG. 8-28-56	REGISTRAR'S SIGNATURE Dove Morrison	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Johnston-Arnce-Simpson Mortuary, Webb City Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

526

Courtesy File Number 56-9-1 719
Date Filed SEP 10 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 Harvey C. Purcell

Licensed Embalmer No. 4460

P. O. Address Webb, Cal.

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.