

5. No. 300  
v. 10-18

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27353

FILED AUG 21 1956

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 358

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 (If in this place) <u>49</u> Years	c. CITY OR TOWN <u>Joplin</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1725 Virginia Ave.,</u>		STREET ADDRESS (If rural, give location) <u>1725 Virginia Ave.,</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fannie</u> b. (Middle) <u>Mae</u> c. (Last) <u>Luellen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-12-1956</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11-20-1890</u>
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaking</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Vishie, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Scott Slater</u>	
13b. MOTHER'S MAIDEN NAME <u>Nancy Walker</u>		14. NAME OF HUSBAND OR WIFE <u>Harry Luellen</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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harry Luellen, 1725 Virginia, Joplin, Mo</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Valvular heart disease</u>  ANTECEDENT CAUSES DUE TO (b) <u>Diabetes mellitus</u>  DUE TO (c) _____  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  <u>260x</u>	
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)		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>May 17, 1956</u> , to <u>Aug. 12, 1956</u> , that I last saw the deceased alive on <u>Aug. 12, 1956</u> , and that death occurred at <u>3:30P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. B. Chapman M.D.</u>		23b. ADDRESS <u>Joplin, Missouri.</u>	
23c. DATE SIGNED <u>8-13-56.</u>			
24a. BURIAL, CREMATION, OR REMOVAL OF BODY <u>Aug 15 1956</u>		24b. DATE <u>8-15-1956</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Messer Cemetery N. of Galena Kansas</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug. 15-1956</u>		REGISTRAR'S SIGNATURE <u>Novel Merriam</u>	
25. FEDERAL DIRECTOR'S SIGNATURE <u>Novel Merriam</u>		ADDRESS <u>Novel Merriam</u>	

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

52

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
Jasper County Health Office  
County File Number 56-2-670  
Date Filed AUG 20 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 *Rebecca Thom Hill*

Licensed Embalmer No. 3590

P. O. Address *Joplin, Mo*

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.