

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31096

State File No. _____

BIRTH NO. 31378-56 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 399

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. LENGTH OF STAY (in this place) D. O. A.	c. CITY OR TOWN Joplin	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 Freeman Hospital		STREET ADDRESS (If rural, give location) 2929 Oliver Ave.	

3. NAME OF DECEASED (Type or Print) Lynette	a. (First)	b. (Middle) May	c. (Last) Alderman	4. DATE OF DEATH August 17, 1956
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH June 18, 1956	9. AGE (In years last birthday) 3	IF UNDER 1 YEAR Months 3 Days 0 Hours 0 Min. 0	IF UNDER 14 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and State or Foreign Country) Joplin, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME Alberta Alderman	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. no	17. INFORMANT'S SIGNATURE OR NAME Alberta Alderman, 2929 Oliver, Joplin, Mo.	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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24-hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Amyotonia congenita from birth 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	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)
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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?
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22. I hereby certify that I attended the deceased from 6-18, 1956, to 8-17, 1956, that I last saw the deceased alive on 17th, Aug. 1956, and that death occurred at 10:30mP, from the causes and on the date stated above.

23a. SIGNATURE <i>Theraine Puch</i>	23b. ADDRESS 410 Jackson, Joplin, Mo.	23c. DATE SIGNED 8-24-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-18-1956	24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	24d. LOCATION (City, town or county) (State) Joplin, Mo.
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DATE REC'D BY LOCAL REG. 9-27-1956	REGISTRAR'S SIGNATURE <i>Noel Merriam</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Thornhill-Dillon</i>	ADDRESS Joplin, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Case No. 56-9-745

Date Filed

SEP 1 7 1956

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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 Caril A. Thornhill

Licensed Embalmer No. 3590

P. O. Address Japan 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.