

Health,  
Welfare  
Public  
Service

300  
1-56

doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 15 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31143  
STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 138

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Webb City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Cartersville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Jane Chinn Hosp.</b>		Length of stay in lb <b>4 Months</b>		d. STREET ADDRESS <b>210 Elm St.</b> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Levi</b> Middle <b>W</b> Last <b>Julian</b>				4. DATE OF DEATH Month <b>Oct.</b> Day <b>5,</b> Year <b>1956</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>May 4, 1863</b>		9. AGE (In years last birthday) <b>93</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Douglass Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Levi Julian</b>				14. MOTHER'S MAIDEN NAME <b>Nancy Cunningham</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <b>Mrs. Lona Plummer Cartersville, Mo</b> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>  Conditions, if any, which gave rise to, above cause (a), stating the underlying cause last. DUE TO (b) <b>Chronic Myocarditis</b> DUE TO (c) _____ PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT-RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <b>Hypertension, Chronic Nephritis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2 Min.</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>7-15-54</u> to <u>10-5-56</u> and last saw her/him alive on <u>10-5-56</u> Death occurred at <u>11:35A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>W. W. Fisher, D.O.</b>				22b. ADDRESS <b>106 S. Main St. Webb City, Mo.</b>		22c. DATE SIGNED <b>10-6-56</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>10-8-56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Greys Point Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Lawrence Co. Mo.</b>		
24. FUNERAL DIRECTOR <b>Johnston-Arnice-Simpson</b> Webb City, Mo.			25. DATE RECD. BY LOCAL REG. <b>10-6-56</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Madeline Switzer</b>		

(Licensed Embalmer's Statement on Reverse Side)

County File Number 56-10-183  
Date Filed 11/17  
1956

**STATEMENT BY LICENSED EMBALMER**

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

Student.....  
Signature of Student Embalmer

Signed Jack C. Simpson

Licensed Embalmer No. 46

P. O. Address Webb Co

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