

FILED DEC 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38505

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 5578 Registrar's No. 167

Health,  
Welfare  
Public  
Service

300  
1-56

All symptoms will be listed. All diseases in Part I must be causally related. Cbronner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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, give TOWNSHIP only) OR TOWN <u>WEBB CITY</u> <u>Joplin Twp.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>RT#1 WEBB CITY</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RT#1 WEBB CITY</u>		Length of stay in 1b <u>69 YRS</u>		d. STREET ADDRESS (If outside, give location) <u>RURAL</u>	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First <u>IVA</u> Middle <u>ANN</u> Last <u>KELLY</u>			4. DATE OF DEATH Month <u>11</u> Day <u>30</u> Year <u>1956</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JANUARY 9, 1868</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>21</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DOMESTIC</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and state or country) <u>UNION COUNTY GEORGIA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13. FATHER'S NAME <u>JOHN JOHNSON</u>			
14. MOTHER'S MAIDEN NAME <u>HANNA CORN</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 Address <u>MRS ROY SHAFER RT#1 WEBB CITY, MO</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Cardiac Dilatation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Mitral Disease</u> DUE TO (c) <u>H/OX</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 Year</u> <u>6 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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>8-2-55</u> to <u>11-30-56</u> and last saw her <sup>her</sup> <sub>him</sub> alive on <u>11-19-56</u> Death occurred at <u>7 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.</u>					
22a. SIGNATURE <u>C. F. Gregory</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>624 W. Broadway, Webb City Mo</u>		22c. DATE SIGNED <u>11/30/56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>12-2-1956</u>		23c. NAME OF CEMETERY OR CREMATORY <u>CARL JUNCTION CEMETERY</u>	
23d. LOCATION (City, town, or county) <u>CARL JUNCTION</u>		(State) <u>MO</u>			
24. FUNERAL DIRECTOR <u>HEDGE-LEWIS FUNERAL HOME</u>		ADDRESS <u>WEBB CITY, MO</u>		25. DATE RECD. BY LOCAL REG.	
26. REGISTRAR'S SIGNATURE					

(Licensed Embalmer's Statement on Reverse Side)

DELIVERED  
307 C  
County File No. 56-12-966  
Filed DEC 1966  
Office

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 *Richard Gray Lewis*  
.....

Licensed Embalmer No.....

P. O. Address.....

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.