

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1635  
STATE FILE NUMBER

FILED FEB 13 1957

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 56

|  |                                  |   |   |   |  |
|--|----------------------------------|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JASPER</b>   |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b> |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>JOPLIN</b>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY<br>OR<br>TOWN <b>JOPLIN</b>   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <b>FREEMAN HOSPITAL</b>  |                                  | Length of stay in lb<br><b>6 YRS</b>  | d. STREET<br>ADDRESS <b>\$12 EAST 7TH</b>   |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                      |
| 3. NAME OF DECEASED (Type or print)<br>First <b>CLAUD</b> Middle <b>D</b> Last <b>MAIN</b>   |                                  |   | 4. DATE OF DEATH<br>Month <b>1</b> Day <b>26</b> Year <b>1957</b>   |   |  |
| 5. SEX<br><b>MALE</b>  | 6. COLOR OR RACE<br><b>WHITE</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>5-10-1886</b>  | 9. AGE (In years last birthday)<br><b>70</b>                    | IF UNDER 1 YEAR<br>Months <b>8</b> Days <b>16</b> Hours <b></b> Min. <b></b>                               |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>CREAMERY EMPLOYEE</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>CREAMERY</b>  | 11. BIRTHPLACE (City and state or country)<br><b>FAYETTE CO IOWA</b>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A</b>   |
| 13. FATHER'S NAME<br><b>SAMUEL MAIN</b>  |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>ADDIE GOODRICH</b>   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)   |                                  | 16. SOCIAL SECURITY NO.<br><b>487-18-1815</b>   | 17. INFORMANT<br><b>LOTTIE MAIN</b> Address <b>JOPLIN, MO</b>   |   |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>metastatic CA</u><br>DUE TO (b) <u>Adeno CA Rectum</u><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |                                  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 yrs</b>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)<br><b>154x</b>  |                                  |   |   |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</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<br>Hour _____ Month _____ Day _____ Year _____<br>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>Nov 8, 1955</u> to <u>26 Jan 57</u> and last saw her/him alive on <u>10/15/57</u><br>Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.  |                                  |   |   |   |  |
| 22a. SIGNATURE<br><i>Donald H. Bunker</i>  |                                  | (Deputy or title)   |   | 22b. ADDRESS<br><b>701 1st National Bldg</b>                    |  |
| 22c. DATE SIGNED<br><b>28 Jan 57</b>   |                                  |   |   |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>   |                                  | 23b. DATE<br><b>1-28-1957</b>   |   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>WEBB CITY CEMETERY</b> |  |
|  |                                  | 23d. LOCATION (City, town, or county)<br><b>WEBB CITY</b>   |   | (State)<br><b>MO</b>  |  |
| 24. FUNERAL DIRECTOR<br><b>HEDGE-LEWIS FUNERAL HOME</b> ADDRESS <b>WEBB CITY, MO</b>   |                                  |   | 25. DATE RECD. BY LOCAL REG.<br><b>FEB. 5-1957</b>  |   | 26. REGISTRAR'S SIGNATURE<br><i>Dore Merriam</i>   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

County File Number 57-2-108  
Date Filed FEB 11 1959

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
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 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.