

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5223**

FILED MAR 5 1957

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 99

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|--|---|--|--|---|---|
| 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>Newton</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u> | | c. LENGTH OF STAY (In this place) <u>3 Wks</u> | c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u> | | d. STREET ADDRESS (If rural, give location) <u>1424 East 32nd</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman Hospital</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Oma</u> b. (Middle) <u>Lorene</u> c. (Last) <u>Joines</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 8 1957</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>August 18, 1914</u> | | 9. AGE (In years last birthday) <u>42</u> MONTHS <u>5</u> DAYS <u>20</u> |
| 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>Goodman, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
| 13a. FATHER'S NAME <u>Charles A. Lynn.</u> | | 13b. MOTHER'S MAIDEN NAME <u>Lanora Green</u> | | 14. NAME OF HUSBAND OR WIFE <u>John G. Joines</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 ADDRESS <u>John G. Joines, Joplin, Mo.</u> | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES DUE TO (b) <u>Hepatorenal syndrome.</u> DUE TO (c) <u>Cholecystectomy</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>584x</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>11 days</u> <u>13 days</u> |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>Chronic cholecystitis, severe, with cholelithiasis.</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) (Min) | | 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>Jan 17, 1957</u> , to <u>Feb 8, 1957</u> , that I last saw the deceased alive on <u>Feb 8, 1957</u> , and that death occurred at <u>T. S. S. Bldg.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Delete or title) <u>[Signature]</u> | | | 23b. ADDRESS <u>308 Frisco Bldg., Joplin, Mo.</u> | | 23c. DATE SIGNED <u>2-14-57</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE <u>2-8-57</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Banner Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>McDonald County, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>2-26-57</u> | | REGISTRAR'S SIGNATURE <u>Dove Merriam</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clark Funeral Home Neosho, Mo.</u> | |

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

526

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Date Filed

APR 4 1957

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
Student Embalmer

Signed [Signature]

Licensed Embalmer No. 4770

P. O. Address [Signature] 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 this body is not embalmed, fact should be so stated above.