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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5226
STATE FILE NUMBER

FILED FEB 19 1957

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 71

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, give TOWNSHIP only) OR TOWN JOPLIN — Inside Limits Yes X No ☐	c. CITY OR TOWN JOPLIN — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 2906 MAIN ST. — Length of stay in Ib 2 YRS	d. STREET ADDRESS (If outside, give location) 2906 MAIN ST. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First: LENA	Middle: IODA	Last: LAUDERDALE
4. DATE OF DEATH	Month: FEB.	Day: 5,	Year: 1957
5. SEX: F	6. COLOR OR RACE: W	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: DEC. 20, 1874
9. AGE (In years last birthday): 82	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEKEEPER	10b. KIND OF BUSINESS OR INDUSTRY: HOME	11. BIRTHPLACE (City and state or country): BARRY COUNTY, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: SAMUEL H. LAUDERDALE		14. MOTHER'S MAIDEN NAME: MARY W. KIRKPATRICK	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: MRS. T. E. HASTINGS, Address: 2906 MAIN ST.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH ~~[illegible]~~

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) arterial sclerosis — 12 months

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	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 Feb 1-'57, to Feb 5 and last saw her alive on Feb 5

Death occurred at Feb 5-5-a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: T.E. Hastings (Degree or title): DO	22b. ADDRESS: 2906 Main Joplin Mo	22c. DATE SIGNED: 2/7-57

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 2-8-57	23c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. CEMETERY,	23d. LOCATION (City, town, or county) (State): MONETT, MISSOURI
24. FUNERAL DIRECTOR — ADDRESS: STEVE PARKER MORTUARY, JOPLIN, MO.		25. DATE RECD. BY LOCAL REG.: Feb. 11-1957	26. REGISTRAR'S SIGNATURE: Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

County Health Officer
County File Number 57-2-138
Date Filed FEB 18 1957

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 F. M. Jones

Licensed Embalmer No. 3.3

P. O. Address Joplin

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.