

THE DIVISION OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

5257

FILED FEB 27 1957

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 21

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 WEBB CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN WEBB CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JANE CHINN HOSPITAL		Length of stay in 1b 56 YRS	d. STREET (If outside, give location) ADDRESS 801 WEST 2 ND		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MABEL Middle EVELYN Last HIRONS			4. DATE OF DEATH Month 2 Day 23 Year 1957		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 8, 1877	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 9 Days 15 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	11. BIRTHPLACE (City and state or country) EVANSVILLE INDIANA /		12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME WILLIAM F HACKER			14. MOTHER'S MAIDEN NAME BARBARA KAYSER		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT MRS E.W. BOWER Address TULSA, OKLA		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute Circulatory Failure DUE TO (b) Myocardial Infarction DUE TO (c) by degenerative changes PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). 4222					INTERVAL BETWEEN ONSET AND DEATH 5 min
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.) 2		
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 					
20d. INJURY OCCURRED WHILE AT <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 WEBB CITY COUNTY STATE 	
21. I attended the deceased from 1-7-57 to 2-23-57 and last saw her ^{him} alive on 2-23-57 Death occurred at 9:35 9 a. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. J. Ferguson (Degree or title) MD			22b. ADDRESS 624 N. Broadway, Webb City, Mo.		22c. DATE SIGNED 2/23/57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2/25/1957	23c. NAME OF CEMETERY OR CREMATORY MOUNT HOPE CEMETERY		23d. LOCATION (City, town, or county) (State) WEBB CITY MO
24. FUNERAL DIRECTOR HEDGE-LEWIS FUNERAL HOME ADDRESS WEBB CITY, MO			25. DATE RECD. BY LOCAL REG. 2-23-57		26. REGISTRAR'S SIGNATURE L. J. Lewis DEP. REC.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Doctor, coroner, etc. must use only standard forms
 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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Jasper County
County File Number 57-2-157
File Filed FEB 22 1957

JUL 2 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.....
Signature of Student Embalmer

Signed Richard Gray Lewis

Licensed Embalmer No. 44

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.