Health, Welfare Public Service

300 1-56 0

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

FILED APR 9 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9084
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 177

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) FREEMAN HOSPITAL — Length of stay in lb 60 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JASPER
c. CITY OR TOWN JOPLIN 0495 0 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3019 E. 9TH ST. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First FORREST Middle LILLIAN Last MOORE
4. DATE OF DEATH Month Day Year MARCH 29, 1957

5. SEX F
6. COLOR OR RACE W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH OCT. 1, 1868
9. AGE (In years last birthday) 88 — 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) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY OWN HOME
11. BIRTHPLACE (City and state or country) CALIFORNIA, MO. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME THOMAS DAVIS
14. MOTHER'S MAIDEN NAME MARTHA ANN HARRISON

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 Address REV. WARREN H. MOORE, 3019 E. 9TH 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) Arteriorsclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fracture of Right & Left Femur — 3 days
DUE TO (c) 9040
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 21
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Lost balance and fell, backwards, in kitchen of her home.
20c. TIME OF INJURY Hour ~~Month~~ p. m. Month, Day, Year 12:00 3/26/57
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.) Home
20f. CITY, TOWN, OR LOCATION Joplin, 122 COUNTY Jasper, STATE Missori

21. I attended the deceased from March, 1946, to Mar. 29, 1957 and last saw her alive on 3/29/57
Death occurred at 8:00 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) R. Kuhn, Jr., M.D. 0
22b. ADDRESS 321 Frisco Bldg., Joplin, Mo.
22c. DATE SIGNED 4/2/57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 4-1-57
23c. NAME OF CEMETERY OR CREMATORY FOREST PARK CEMETERY
23d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI

24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.
25. DATE RECD. BY LOCAL REG. 4-3-1957
26. REGISTRAR'S SIGNATURE Dovie Merriam

526 0

(Licensed Embalmer's Statement on Reverse Side)

County Health Office
County File Number 57-4-227
Date Filed APR 8 1957

STATEMENT BY LICENSED EMBALMER

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

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 231

P. O. Address Joplin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.