Health,
& Welfare
Public
Service

S. 300
1-56

4

FILED APR 4 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9130
STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 5571 Registrar's No. 36

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 Mineral Township — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN Joplin 0495 0 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Elmhurst Home — Length of stay in 1b	d. STREET ADDRESS 2820 Grand (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: Lenna	Middle: B.	Last: Hainline	4. DATE OF DEATH	Month Day Year: March 21, 1957
5. SEX: Female 1	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ 2	8. DATE OF BIRTH: Oct. 17, 1894	9. AGE (In years last birthday): 62	IF UNDER 1 YEAR: Months 5, Days 4; 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		11. BIRTHPLACE (City and state or country): Eaglesville, Mo. 0	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Eli Ping			14. MOTHER'S MAIDEN NAME: Unknown		
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: Marjorie Spenny	Address: 2820 Grand Ave. Joplin, Mo.	

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) Carcinoma of Ovary & Generalized Metastasis

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

INTERVAL BETWEEN ONSET AND DEATH: 6 months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 175X

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.)		
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 12/19/56 to 3/21/57 and last saw her ~~him~~ alive on 3-15-57
Death occurred at 8:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: G. A. Schulte, M.D. (Degree or title): M.D. 0	22b. ADDRESS: 2125 Jackson Ave. Joplin, Mo.	22c. DATE SIGNED: 3-22-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 3-23-57	23c. NAME OF CEMETERY OR CREMATORY: Webb City Cemetery	23d. LOCATION (City, town, or county) (State): Webb City, Mo.
24. FUNERAL DIRECTOR: Johnston-Arnce-Simpson	ADDRESS: Webb City, Mo.	25. DATE RECD. BY LOCAL REG.: 3-25-57	26. REGISTRAR'S SIGNATURE: Mrs. Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

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.

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RECEIVED
Jasper County Health Office
County File Number 57-4-265
Date Filed APR 2 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 Jack C. Simpson

Licensed Embalmer No. 464

P. O. Address Webb City

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