

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13679

STATE FILE NUMBER

FILED APR 17 1957

Registration District No. 155 Primary Registration District No. 5578 Registrar's No. 47

Health, Welfare, Public Service

300 1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Joplin Twp. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				c. CITY OR TOWN JOPLIN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		0495		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NO MADISON ST RD Length of stay in lb				d. STREET ADDRESS 120 1/2 WEST 6TH (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First GEORGE Middle ELVIN Last WATSON			4. DATE OF DEATH Month 4 Day 3 Year 1957					
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL 21, 1906	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN			10b. KIND OF BUSINESS OR INDUSTRY HOME CONDITION CO		11. BIRTHPLACE (City and state or country) ORONOGO, MISSOURI			
13. FATHER'S NAME No data				14. MOTHER'S MAIDEN NAME No data				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W. W. 2		16. SOCIAL SECURITY NO. 550-05-5685		17. INFORMANT FLORENCE WATSON		Address JOPLIN, MO		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon monoxide poisoning (See report) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____						INTERVAL BETWEEN ONSET AND DEATH unknown		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Placed hose into exhaust pipe & ran into wind				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				20e. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.) North Main Ave	
20f. CITY, TOWN, OR LOCATION Webb City			20g. COUNTY Jasper			20h. STATE MO		
21. I attended the deceased from did not attend and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Wendell M. Cunningham				22b. ADDRESS 333 1/2 S. 4th St		22c. DATE SIGNED 4-6-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 4-6-1957		23c. (NAME OF CEMETERY OR CREMATORY) ORONOGO CEMETERY		23d. LOCATION (City, town, or county) (State) ORONOGO MO		
24. FUNERAL DIRECTOR HEGGE-LEWIS FUNERAL HOME				25. DATE RECD. BY LOCAL REG. 4-8-57		26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer		

(Licensed Embalmer's Statement on Reverse Side)

474

County File Number 54-4-303
Date Filed APR 15 1957

APR 18 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. 440

P. O. Address Webb City

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.