

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57017585
STATE FILE NUMBER

FILED JUN 6 1957

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 258

S. 300
1-57

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) JOPLIN		c. CITY OR TOWN JOPLIN	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1235 CREST DRIVE		d. STREET ADDRESS (If outside, give location) 1235 CREST DRIVE	
Length of stay in 1b 5 YRS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First LUCILE Middle LONG Last LONG			4. DATE OF DEATH Month MAY Day 26 Year 1957
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH NOV. 1, 1888
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	11. BIRTHPLACE (City and state or country) VERNON COUNTY, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. MOTHER'S MAIDEN NAME UNK	
13a. FATHER'S NAME SAM NANCE		14. NAME OF HUSBAND OR WIFE JOE LONG	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT JOE LONG, 1235 CREST DRIVE, JOPLIN		Address	
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 ut - benign			INTERVAL BETWEEN ONSET AND DEATH 12 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Anemia			4 month
DUE TO (c)			
19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 163X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)	
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE	
21. I attended the deceased from Sept 1956 to May 1957 and last saw her alive on May 26, 1957 Death occurred at 5:50 PM on the 26 date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Lewis H. Ferguson M.D.		22b. ADDRESS 327 E. L. Bldg - Joplin Mo	
22c. DATE SIGNED 5-28-57		23. NAME OF CEMETERY OR CREMATORY MT. HOPE CEMETERY,	
23a. BURIAL, CREMATION, BENYOL (Specify) BURIAL		23b. DATE 5-28-57	
23c. LOCATION (City, town, or county) (State) WEBB CITY, MISSOURI		24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.	
25. DATE RECD. BY LOCAL REG. 5-31-1957		26. REGISTRAR'S SIGNATURE Dove Merriam	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

County File Number 57-6-469
Date Filed JUN 5 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 *F. M. Jones*

Licensed Embalmer No. 2319

P. O. Address *Joplin Mo*

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.