FILED AUG 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25044
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 380

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 (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST JONS HOSPITAL — Length of stay in 1b 6 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY JASPER
c. CITY OR TOWN WEBB CITY 0412 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 402 N. WEBB ST. (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: JOSEPHINE (JOSIE) Middle: H Last: MOBRE

4. DATE OF DEATH Month: AUG Day: 3 Year: 1957

5. SEX: FEMALE
6. COLOR OR RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: MARCH 31, 1889
9. AGE (In years last birthday): 68 — 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): DOMESTIC
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): CALIFORNIA
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: JAMES FITTMAN
14. MOTHER'S MAIDEN NAME: ALICE GEER

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: MRS EDNA GIANFORMAGGIO Address: WEBB CITY, 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) Cerebral metastases — INTERVAL BETWEEN ONSET AND DEATH: 10 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Ca of the fundus uteri — —?
DUE TO (c) 172X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Treated for Ca of face 8 yrs ago.
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 7-29-57, to 8-3-57 and last saw her/him alive on 8-3-57
Death occurred at 7:24 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [illegible] M.D.
22b. ADDRESS: Joplin Mo.
22c. DATE SIGNED: 8-7-57

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 8-6-57
23c. NAME OF CEMETERY OR CREMATORY: CARTERVILLE MEMETERY
23d. LOCATION (City, town, or county) (State): CARTERVILLE MO.

24. FUNERAL DIRECTOR ADDRESS: HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO.
25. DATE RECD. BY LOCAL REG.: 8/9/57
26. REGISTRAR'S SIGNATURE: Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

County File Number 57-8-688
Date Filed AUG 12 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Richard Gray Le

Licensed Embalmer No. 44

P. O. Address Webb C

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.