

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36407
STATE FILE NUMBER

FILED OCT 29 1957

Registration District No. 155 Primary Registration District No. 5578 Registrar's No. 176

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 JOPLIN TOWNSHIP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN JOPLIN TOWNSHIP		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.R.#1 - JOPLIN MO				Length of stay in lb 4 MONTHS		d. STREET ADDRESS (If outside, give location) R R #1 - JOPLIN	
3. NAME OF DECEASED (Type or print) First MAGDALINE Middle EFFIE Last DRAKE				4. DATE OF DEATH OCTOBER 20, 1957 Month OCTOBER Day 20 Year 1957			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH OCTOBER 7, 1917	9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months 0 Days 4 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) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) FLAGVILLE, INDIANA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME CLARENCE E. JOHNSON				14. MOTHER'S MAIDEN NAME BESSIE ANNA DELL			
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 Address GLENN F. DRAKE, R.1, 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) Myocardial Infarction Myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 4201 DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH 2 days 2 yrs	
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 _____ Month _____ Day _____ Year _____ 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-57 to Oct 19-57 and last saw her ^{her} _{him} alive on Oct 19 Death occurred at 9:15 am on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Swedberg M.D. (Degree or title)				22b. ADDRESS 202 So Webb Webb City		22c. DATE SIGNED 10-21-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 10-22-1957	23c. NAME OF CEMETERY OR CREMATORY WEBB CITY		23d. LOCATION (City, town, or county) WEBB CITY, MISSOURI		(State)
24. FUNERAL DIRECTOR ADDRESS HEDGE-LEWIS FUNERAL HOME, WEBB CITY, MO.				25. DATE RECD. BY LOCAL REG. 10-21-57		26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	

(Licensed Embalmer's Statement on Reverse Side)

474
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County Health Office
57-16-888
OCT 28 1957

OCT 30 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 Lew*.....

Licensed Embalmer No. *44*.....

P. O. Address *Well 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.