

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010376  
STATE FILE NUMBER

FILED MAR 18 1958

Registration District No. 156 / 156 Primary Registration District No. 2001 Registrar's No. 131

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Joplin</b>		c. CITY OR TOWN <b>Joplin</b>	
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 <b>402 Byers</b>		d. STREET ADDRESS (If outside, give location) <b>402 Byers</b>	
Length of stay in lb <b>30 Years</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Zora</b> Middle <b>C.</b> Last <b>HALLIWELL</b>			4. DATE OF DEATH Month <b>March</b> Day <b>14</b> Year <b>1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 20, 1882</b>
9. AGE (In years last birthday) <b>75</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>04</b> Hours <b>95</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>P. B. X. Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>P. B. X. Operator</b>	11. BIRTHPLACE (City and state or country) <b>Scottville Illinois</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Jasper W. Close</b>	
13b. MOTHER'S MAIDEN NAME <b>Scena A. VanBehber</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>491-01-6561</b>	
17. INFORMANT <b>Mrs. Ora C. Owens</b>		Address <b>402 Byers Joplin, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic myocarditis.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cerebral hemorrhage.</b>			<b>15 yrs.</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)			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 <b>2:30</b> Month, Day, Year a.m. <b>a.m.</b> p.m.			
20d. INJURY OCCURRED WHILE AT <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 <b>July 1951</b> to <b>March 14, 1958</b> and last saw her alive on <b>March 1, 1958</b> Death occurred at <b>2:30 a.m.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Raymond M. McPike, M.D.</i>		22b. ADDRESS <b>607 Frisco Bldg., Joplin, Mo.</b>	22c. DATE SIGNED <b>3-14-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3-15-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mount Hope Cemetery</b>
23d. LOCATION (City, town, or county) <b>Webb City, Missouri</b>		(State)	
24. FUNERAL DIRECTOR <b>Thornhill-Dillon Joplin, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>3-14-1958</b>	26. REGISTRAR'S SIGNATURE <i>Dorice Merriam</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

County File Number .....  
Date Filed MAR 17 1958 .....

MAR 26 1958

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 .....

Licensed Embalmer No.....

P. O. Address .....

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.