

FILED MAR 31 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010405

STATE FILE NUMBER

63

Registration District No. 157

Primary Registration District No. 3028

Registrar's No.

300 -
-57

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|---|---------------------------|---|--|
| 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 CARTHAGE | | c. CITY OR TOWN JOPLIN | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MCCUNE BROOKS | | d. STREET ADDRESS (If outside, give location) R.R. #1 | |
| 3. NAME OF DECEASED (Type or print) First Middle Last LILLIAN ESTELL BEAVER | | 4. DATE OF DEATH Month Day Year MARCH 17 1958 | |
| 5. SEX FEMALE | 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 24, 1915 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) 42 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. |
| 11. BIRTHPLACE (City and state or country) PBRDY, MISSOURI | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME J. L. BULLINGTON | | 13b. MOTHER'S MAIDEN NAME CORDIE TERRY | |
| 14. NAME OF HUSBAND OR WIFE CLIFFORD BEAVER | | 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 CLIFFORD BEAVER, R.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) <u>Cardiac arrest during</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Operation - Hysterectomy & Cholecystectomy & repair of umbilical hernia</u> DUE TO (c) <u>Extreme Obesity Cholelithiasis 2 1/4 X</u> PART II. OTHER SIGNIFICANT CONDITIONS (Do not include the principal disease condition given in PART I (a)) <u>Suppurative cholecystitis</u> | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Myomata of uterus with severe bleeding</u> | | 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 <u>3-10-58</u> to <u>3-17-58</u> and last saw her/him alive on <u>3-17-58</u> Death occurred at <u>12:30</u> P on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>W. Russell Smith M.D.</u> | | 22b. ADDRESS <u>Carthage, Mo.</u> | |
| 22c. DATE SIGNED <u>3-19-58</u> | | 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | |
| 23b. DATE <u>21</u> | | 23c. NAME OF CEMETERY OR CREMATORY DIAMOND CEMETARY | |
| 23d. LOCATION (City, town, or county) DIAMOND MISSOURI | | 23e. STATE | |
| 24. FUNERAL DIRECTOR HEDGE-LEWIS FUNERAL HOME, WEBB CITY MO. | | 25. DATE RECD. BY LOCAL REG. <u>3-20-58</u> | |
| 26. REGISTRAR'S SIGNATURE <u>W. Clinton</u> | | | |

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 28 1950

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. *4403*

P. O. Address *Wab. 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.