

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

78-010422  
STATE FILE NUMBER

FILED APR 8 1958

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper 0490	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City		c. CITY OR TOWN Duenweg	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lane Chinn Hosp.		Length of stay in lb 1 Month	
3. NAME OF DECEASED (Type or print) Luella		4. DATE OF DEATH Month April Day 2, Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 7, 1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) Hortonville, Wisc. /	
13a. FATHER'S NAME Silvanus H. Mitchell		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give war or dates of service) No		17. INFORMANT Mrs. Orva Luke Rt. 2, 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) Unresolved Bilateral Bronchial Pneumonia 24/58 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Influenza DUE TO (c) 480X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH 24/58 1 mo	
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. Month, Day, Year p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 3-5-58 to 4-2-58 and last saw her alive on 4-2-58 Death occurred at 6:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) D.O. 2	
22b. ADDRESS Webb City, Mo.		22c. DATE SIGNED 4-4-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-7-58	23c. NAME OF CEMETERY OR CREMATORY Seneca Cemetery	23d. LOCATION (City, town, or county) (State) Seneca, Mo.
24. FUNERAL DIRECTOR Johnston, Arnce, Simpson Webb City, Mo.	25. DATE RECD. BY LOCAL REG. 4-4-58	26. REGISTRAR'S SIGNATURE Mrs. Madeline Surtz	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

### 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

*Jack C. Simpson*

Licensed Embalmer No. 4647

P. O. Address Webb 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.