

Health,
& Welfare
Public
Service-

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022303
STATE FILE NUMBER

40547-5
FILED JUN 25 1958 Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 121

300
1-57
0492
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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 WEBB CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN WEBB CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JANE CHINN		Length of stay in 1b 9 HOURS	d. STREET ADDRESS (If outside, give location) 0492 306 N. LIBERTY Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JANE ANDRESS			4. DATE OF DEATH Month Day Year JUNE 14 1958
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 13, 1958
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 8 45
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) WEBB CITY MISSOURI
12. CITIZEN OF WHAT COUNTRY? U S A.		13. FATHER'S NAME GORDON SAMUEL ANDRESS	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME MARY CATHERINE DAUGHERTY	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) No		16. SOCIAL SECURITY NO.	17. INFORMANT Address GORDON ANDRESS, 306 N. LIBERTY WEBB CITY MO

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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>Prematurity</u>		INTERVAL BETWEEN ONSET AND DEATH 7615
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <u>Placenta Previa</u>		
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"/> 2

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 <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>June 13, 1958</u> to <u>June 14, 1958</u> and last saw ^{her} alive on <u>June 14, 1958</u> Death occurred at <u>4 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>W.W. Forbes, D.O.</u>			22b. ADDRESS <u>106 S. Main St., Webb City, Mo.</u>		22c. DATE SIGNED <u>6-16-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JUNE 16, 1958	23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK		23d. LOCATION (City, town, or county) (State) JOPLIN MISSOURI
24. FUNERAL DIRECTOR HEDGE- EWIS FUNERAL HOME WEBB CITY MO.			25. DATE RECD. BY LOCAL REG. <u>6-16-58</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>

All diseases in Part I must be causally related.

County File Number
Ohio Filed JUN 23 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 *Richard G. Lewis*

Licensed Embalmer No. *11405*
P. O. Address *Wabash 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.