

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026022

STATE FILE NUMBER

FILED JUL 22 1958

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 139

300  
1-57

|  |                        |   |   |
|--|------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY FOUND DEAD IN JASPER COUNTY   |                        | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE MO b. COUNTY JASPER   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN WEBB CITY   |                        | c. CITY OR TOWN JOPLIN 0495   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>INSTITUTION NORTH OF WEBB CITY  |                        | d. STREET ADDRESS (If outside, give location)<br>1113 JACKSON AVE   |   |
| 3. NAME OF DECEASED<br>(Type or print) HAZEL SHEETS  |                        | 4. DATE OF DEATH JUNE 22, 1958  |   |
| 5. SEX FEMALE /  | 6. COLOR OR RACE WHITE | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>                           | 8. DATE OF BIRTH JULY 24, 1902  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>HOUSE WIFE  |                        | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br>JOPLIN MO.  |
| 12. CITIZEN OF WHAT COUNTRY?   |                        | 13a. FATHER'S NAME JOE HART   |   |
| 13b. MOTHER'S MAIDEN NAME LULU BURGETT   |                        | 14. NAME OF HUSBAND OR WIFE JOHN SHEETS   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>No  |                        | 16. SOCIAL SECURITY NO.   |   |
| 17. INFORMANT EARL HART  |                        | Address 1206 BROADWAY JOPLIN, MO  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) ACUTE ALCOHOLIC COMA  |                        |   | INTERVAL BETWEEN ONSET AND DEATH<br>UNKNOWN BUT LESS THAN 24 HOURS                                  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____   |                        |   | 3222  |
| 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?<br>/ YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT SUICIDE HOMICIDE<br><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.)<br>BODY FOUND IN MINE SHAFT NORTH OF WEBB CITY MO. BLOOD ALCOHOL STAINED 269 mgm percent |   |
| 20c. TIME OF INJURY Hour Month, Day, Year<br>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,actory, street, office bldg., etc.)   |                        | 20f. CITY, TOWN, OR LOCATION COUNTY STATE   |   |
| 21. I attended the deceased from <u>DID NOT ATTEND</u> and last saw her/him alive on _____<br>Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. |                        |   |   |
| 22a. SIGNATURE (Degree or title)<br><u>Wendell M. Brown Jr. Co.</u>  |                        | 22b. ADDRESS<br><u>Med Auto Bldg Joplin Mo</u>  |   |
| 22c. DATE SIGNED<br><u>7/16/58</u>   |                        |   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>BURIAL  |                        | 23b. DATE<br>6-25-58  |   |
| 23c. NAME OF CEMETERY OR CREMATORY<br>MT HOPE CEMETERY   |                        | 23d. LOCATION (City, town, or county) (State)<br>WEBB CITY, MO  |   |
| 24. FUNERAL DIRECTOR<br>THORNHILL-DILLON JOPLIN, MO  |                        | 25. DATE RECD. BY LOCAL REG. 7-15-58  |   |
|  |                        | 26. REGISTRAR'S SIGNATURE<br><u>Mrs. Madeline Switzer</u>   |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Secretary, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. 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 *L. J. Lewis* .....  
Licensed Embalmer No. *4561* .....  
P. O. Address *W. B. City, N.* .....

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.