

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029779

STATE FILE NUMBER

FILED SEP 9 1958

Registration District No. 546 Primary Registration District No.

5838 Registrar's No. 426

S. 300
1-57
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1. PLACE OF DEATH a. COUNTY <i>Newton</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jasper</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Shoal Creek</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>Joplin</i> 6495
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Rt # 2.</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>1728 Connor</i>
3. NAME OF DECEASED (Type or print) First <i>Fannie</i> Middle <i>Lee</i> Last <i>Ely.</i>		4. DATE OF DEATH Month <i>8</i> Day <i>15</i> Year <i>1958</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>1-2-1898</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Seamstress</i>		9b. KIND OF BUSINESS OR INDUSTRY <i>Stewing</i>	9c. AGE (In years last birthday) <i>60</i>
10a. FATHER'S NAME <i>James N. Carter</i>		10b. MOTHER'S M maiden name <i>Elyzabeth Fowler</i>	10c. NAME OF HUSBAND OR WIFE <i>Jane Maser Rt # 2 Joplin Mo</i>
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) <i>no none</i>		11. SOCIAL SECURITY NO.	11. INFORMANT <i>Jane Maser Rt # 2 Joplin Mo</i>
12. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary artery disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>7 mo</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Myocarditis - Myocardial infarction</i>		DUE TO (c) <i>Atherosclerotic heart disease</i>	
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.) <i>4200</i>		
20c. TIME OF INJURY Hour a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <i>21 May 58</i> to <i>14 Aug 58</i> and last saw her alive on <i>14 Aug 58</i> Death occurred at <i>15 Aug 58</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or title) <i>A. J. Davis M.D.</i>		22b. ADDRESS <i>Galena, Kans</i>	
22c. DATE SIGNED <i>2 Sept 58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>8-18-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Hope Cem</i>	23d. LOCATION (City, town, or county) (State) <i>Webb City, Mo</i>
24. FUNERAL DIRECTOR <i>Thornhill-Dellon</i>		25. ADDRESS <i>Joplin Mo</i>	26. DATE RECD. BY LOCAL REG. <i>9-5-58</i>
26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i>			

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

No symptoms will be listed.

VS
MAY 9 1960

DEC 18 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 *William E. Huddle*

Licensed Embalmer No. *4770*

P. O. Address *Joplin Mo*

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.