

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036809

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 493

FILED OCT 27 1958

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Jasper</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joplin</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. John's Hosp. All Life</u>		2. USUAL RESIDENCE (Where deceased lived. If in institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> c. CITY OR TOWN <u>Joplin</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS <u>2030 Harlem</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Edna</u> Middle <u>June</u> Last <u>Lytle</u>		4. DATE OF DEATH Month <u>10</u> Day <u>13</u> Year <u>1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>10-13-1908</u> AGE (In years last birthday) <u>51</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Office</u>	11. BIRTHPLACE (City and state or country) <u>Joplin Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Thomas Amos</u> 13b. MOTHER'S MAIDEN NAME <u>Mary E. Porter</u>	
14. NAME OF HUSBAND OR WIFE <u>—</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>488-20-1383</u>		17. INFORMANT <u>Thomas Lytle</u> Address <u>Joplin, Mo 2030 Harlem</u>	
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>Subarachnoid hemorrhage, left</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Malignant Hypertension</u> DUE TO (c) <u>Hypertensive Encephalopathy</u>			INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u> <u>2 year.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>445X</u>			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.)	
20c. TIME OF INJURY Hour <u>6:15</u> Month, Day, Year <u>10-13-58</u> a.m. p.m.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>October 15, 1956</u> to <u>Oct 13, 1958</u> and last saw her alive on <u>October 13, 1958</u> Death occurred at <u>6:15 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>John R. Miller MD</u>		22b. ADDRESS <u>304 Medical Arts Bldg</u>	
22c. DATE SIGNED <u>10/20/58</u>		23a. BURIAL OR CREMATION REMOVAL (Specify) <u>Buried</u> 23b. DATE <u>Oct 16-1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Cabome Mem.</u>		23d. LOCATION (City, town, or county) (State) <u>Joplin Mo</u>	
24. GENERAL DIRECTOR <u>Shomell Dillon</u> ADDRESS <u>Joplin Mo</u>		25. DATE RECD. BY LOCAL REG. <u>10-22-58</u>	
26. REGISTRAR'S SIGNATURE <u>Dove Merriam</u>			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

OCT 27 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 *Robert C. Deller*

Licensed Embalmer No. *5062*

P. O. Address *Spalin, 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.