

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040410

STATE FILE NUMBER

FILED NOV 26 1958

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 541

300
1-57

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 Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Joplin 0495
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 512 N. Pearl		Length of stay in 1b 40 yrs	d. STREET ADDRESS (If outside, give location) 512 N. Pearl
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First LORRAINE Middle EMMA Last St. JOHN			4. DATE OF DEATH Month Nov. Day 5, Year 1958		
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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 19, 1887	9. AGE (In years by birthday) 71	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) music teacher	10b. KIND OF BUSINESS OR INDUSTRY education	11. BIRTHPLACE (City and state or country) Carthage, Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Virgil W. St. John	13b. MOTHER'S MAIDEN NAME Mary Belle Bowman	14. NAME OF HUSBAND OR WIFE ---
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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. not avail.	17. INFORMANT Henry St. John, 1733 Maple, Carthage, Mo	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aspiration pneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Pseudo-bulbar Palsy	2 weeks
	DUE TO (c) Chronic paralytic agitans	8 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 350X		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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 Joplin, Mo	COUNTY Joplin	STATE Mo
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21. I attended the deceased from **April 1953** to **11-5-58** and last saw her alive on **11-5-58**
Death occurred at **11:30** p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Richard P. Murray, D.C.	22b. ADDRESS Joplin, Mo	22c. DATE SIGNED 11-6-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 11-7-58	23c. NAME OF CEMETERY OR CREMATORY Park Cemetery	23d. LOCATION (City, town, or county) (State) Carthage, Mo
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24. FUNERAL DIRECTOR Knell Mortuary, Carthage, Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. 11-19-58	26. REGISTRAR'S SIGNATURE Dwight Merriam
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

7 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 Frank W. Kuehl

Licensed Embalmer No. 4440.....

P. O. Address Carthage, 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.