

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044579

STATE FILE NUMBER

FILED JAN 14 1959 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 23

300
-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		c. CITY OR TOWN JOPLIN 04950	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		d. STREET ADDRESS 2017 HARLEM AVE.	
Length of stay in 1b YRS		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First MIDDLE Last EDITH DOROTHY ADAMS		4. DATE OF DEATH Month Day Year DECEMBER 31, 1958	
5. SEX F	6. COLOR OR RACE W	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH MAY 6, 1900
9. AGE (In years last birthday) 58		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	
11. BIRTHPLACE (City and state or country) KANSAS CITY, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ----- COOPER		13b. MOTHER'S MAIDEN NAME ----- PARIS	
14. NAME OF HUSBAND OR WIFE LAWRENCE ADAMS			
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. UNK	
17. INFORMANT LAWRENCE ADAMS, 2017 HARLEM AVENUE		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Malignant tumor -</i> <i>Diagnosis 2 years ago</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>On advanced malign</i> DUE TO (c) <i>174X</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2</i> <i>known</i>	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐		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 <i>Jan Dec 1, 58</i> to <i>Dec 31, 58</i> and last saw her alive on <i>12/31/58</i> Death occurred at <i>4:50 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>A. J. Crawford</i> (Degree or title)		22b. ADDRESS <i>Joplin Mo.</i>	
22c. DATE SIGNED <i>1/5/59</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 1-2-59	
23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK,		23d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI	
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.		25. DATE RECD. BY LOCAL REG. 1-6-1959	
26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *J. P. Harris*

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.