

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044666

STATE FILE NUMBER

FILED DEC 16 1958 Registration District No. 155 Primary Registration District No. 5578 Registrar's No. 232

000 # -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 Twsp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN JOPLIN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOPE MANOR		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 622 EMPIRE
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First	Middle	Last	Month	Day
LULU			DEC 5 1958	
			Year	

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG 20, 1888	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
			70					

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	11. BIRTHPLACE (City and state or country) MIRTL, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME MATTHEW JUSTICE	13b. MOTHER'S MAIDEN NAME SARAH SORREL	14. NAME OF HUSBAND OR WIFE W. C. (DECEASED)
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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. —	17. INFORMANT MRS. VERA LITTLE	Address JOPLIN, MO.
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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) Hypostatic pneumonia		INTERVAL BETWEEN ONSET AND DEATH 4 days
DUE TO (b) Cerebrovascular accident		
DUE TO (c) Arterio-sclerotic encephalopathy		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X		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.)
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20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <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	COUNTY	STATE
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21. I attended the deceased from 11-25-58 to 12-5-58 and last saw her alive on 12-5-58 Death occurred at 8:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE Dr. George M.D.	(Degree or title)	22b. ADDRESS Joplin, Mo.	22c. DATE SIGNED 12-9-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE DEC. 9, 1958	23c. NAME OF CEMETERY OR CREMATORY OZARK MEM. PARK	23d. LOCATION (City, town, or county) JOPLIN	(State) Mo.
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24. FUNERAL DIRECTOR Herbert Hoover	ADDRESS Joplin	25. DATE RECD. BY LOCAL REG. 12-9-58	26. REGISTRAR'S SIGNATURE Max. Madeline Sirtzer
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SCOTT - M.D. - M.D. ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
S.W. - M.D. - M.D. ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

(Licensed Embalmer's Statement on Reverse Side)

APR 8 1959

APR 21 1959

APR 21 1959

APR 21 1959

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 *Bob Green*

Licensed Embalmer No. *4593*

P. O. Address *Johnston*

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.