

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006129  
STATE FILE NUMBER

FILED MAR 16 1959 Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>WEBB CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>JOPLIN</b> <i>c 49 5</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>JANE CHINN HOSP.</b>		Length of stay in 1b <b>3 WEEKS</b>	d. STREET ADDRESS (If outside, give location) <b>605 WALNUT RIDGE</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>LILLA</b> Middle <b>BELLE</b> Last <b>KING</b>			4. DATE OF DEATH Month <b>MARCH</b> Day <b>7</b> Year <b>1959</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MAY 24, 1903</b>
9. AGE (In years last birthday) <b>55</b>		IF UNDER 1 YEAR Months <b>5</b> Days <b>5</b>	IF UNDER 24 HRS. Hours <b>5</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MINISTER-EVANGELIST</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>PENTECOSTAL HOLINESS CHR.</b>	11. BIRTHPLACE (City and state or country) <b>GRANDVIEW, TEX.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>UNK</b>	
13b. MOTHER'S MAIDEN NAME <b>UNK</b>		14. NAME OF HUSBAND OR WIFE <b>JOSEPH K. KING</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>JOSEPH K. KING, 605 WALNUT RIDGE</b> 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) <b>Peritonitis Fulminating Type</b>			INTERVAL BETWEEN ONSET AND DEATH <b>36 HOURS</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Perforation of descending colon</b>			<b>36 hours</b>
DUE TO (c) <b>Cancer of descending colon at sigmoid</b>			<b>1 yr</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>1533.</b>			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.)	
20c. TIME OF INJURY Hour <b>6:30 A.M.</b> Month, Day, Year a.m. 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 COUNTY STATE
21. I attended the deceased from Death occurred at <b>6:30 A.M. Jan 1959</b> to <b>March 7 1959</b> and last saw her/him alive on <b>March 7, 1959</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Edney Lawson</i> (Degree or title)		22b. ADDRESS <b>2 Jay Ln Dr.</b>	22c. DATE SIGNED <b>3-9-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>3-9-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>OZARK MEMORIAL PARK</b>	23d. LOCATION (City, town, or county) (State) <b>JOPLIN, MISSOURI</b>
24. FUNERAL DIRECTOR ADDRESS <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>3-9-59</b>	26. REGISTRAR'S SIGNATURE <i>Mrs. Madeline Switzer</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

occurs, turnover, etc. must use only standard nomenclature in item 16. No symptoms will be listed. 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 *Japhar Me* .....

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.