

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008898

STATE FILE NUMBER

FILED APR 8 1959

Registration District No.

156

Primary Registration District No.

2001

Registrar's No.

177

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| 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 Webb City | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospit. | | d. STREET ADDRESS 1302 Crow | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Lena Shirell | | 4. DATE OF DEATH Month Day Year March 20 1959 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Sept. 20, 1880 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) 78 |
| 11. BIRTHPLACE (City and state or country) Newton County Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Herman Jaeger, | | 13b. MOTHER'S MAIDEN NAME Eliza Grossa | 14. NAME OF HUSBAND OR WIFE Benjamin Franklin Shirell |
| 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. None | 17. INFORMANT Address Floyd Garner Nocona Texas |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1. Terminal pneumonia 2. Bloody swelling of the kidneys 3. Bloody swelling of the liver 4. Edema of Brain DUE TO (b) } DUE TO (c) } PART II. OTHER SIGNIFICANT CONDITIONS (Do not include conditions which are the primary disease condition given in PART I (a)) | | | INTERVAL BETWEEN ONSET AND DEATH Approximately 96 hours. 9040 21 |
| 19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 20a. ACCIDENT <input checked="" 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.) Fall in home (Death was caused by accident) | | 20c. TIME OF INJURY Hour Month, Day, Year approx 3-16-59 | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | 20f. CITY, TOWN, OR LOCATION COUNTY STATE Webb City Jasper Mo. |
| 21. I attended the deceased from death occurred at _____ and last saw her alive on _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE W. Lewis Hedger | | 22b. ADDRESS 1302 Crow Webb City Mo | 22c. DATE SIGNED 4/1/59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 3-23-1959 | 23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park | 23d. LOCATION (City, town, or county) (State) Joplin Missouri |
| 24. FUNERAL DIRECTOR ADDRESS Hedge-Lewis Funeral Home Webb City Mo | | 25. DATE RECD. BY LOCAL REG. 4-2-1959 | 26. REGISTRAR'S SIGNATURE Dove Merriam |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

300
-57

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 *Richard H. Lee*

Licensed Embalmer No. *4405*

P. O. Address *Webb City*

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.