

**MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-036990**

**FILED VS NOV 12 1959**

Registration District No. **245**

Primary Registration District No. **3047**

Registrar's No. **113**

STATE FILE NUMBER

UNDECEASED

1. PLACE OF DEATH a. COUNTY <b>NEWTON</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>NEOSHO</b>		Length of stay in 1b <b>4 1/2 MO'S</b>		c. CITY OR TOWN <b>JOPLIN</b>		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>SALE MEMORIAL HOSP.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>3029 JOPLIN ST.</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>HAZEL SCHIER LEMON</b>				4. DATE OF DEATH <b>NOVEMBER 5, 1959</b> Month Day Year			
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>4-30-1889</b>	9. AGE (last birthday) <b>70</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>		11. BIRTHPLACE (City and state or country) <b>INDIANA</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>---- EYCHISON</b>			13b. MOTHER'S MAIDEN NAME <b>KATHRINE ----</b>		14. NAME OF HUSBAND OR WIFE <b>----</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. <b>Unknown</b>	17. INFORMANT <b>NEPHEW-</b> Address <b>RALPH EYCHISON, 1115 W. 5TH ST. Joplin, Mo</b>				
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>Acute Cardiac Failure following Coronary Occlusion</b> DUE TO (b) <b>Atherosclerosis -</b> DUE TO (c) <b>Chronic Interstitial Nephritis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Multiple Cerebral Hemorrhages - Hemia</b>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 a.m. p.m. Month, Day, Year	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	
21. I attended the deceased from <b>June 19-59</b> to <b>Nov 5-59</b> and last saw her/him alive on <b>Nov 5<sup>th</sup> 1959</b> Death occurred at <b>10:30 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Melvin C. Bowman M.D.</b>				22b. ADDRESS <b>Neosho, Mo</b>		22c. DATE SIGNED <b>Nov 9-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>11-9-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MT. HOPE CEMETERY,</b>		23d. LOCATION (City, town, or county) (State) <b>WEBB CITY, MISSOURI</b>			
24. FUNERAL DIRECTOR <b>STEVE PARKER MORTUARY,</b>		ADDRESS <b>JOPLIN, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>Nov. 9, 1959</b>	26. REGISTRAR'S SIGNATURE <b>Melvin C. Bowman M.D.</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Joplin 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.