URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 1 1959

59-040622
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 556

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Joplin — Length of stay in 1b: 1 week
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): General Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jasper
c. CITY OR TOWN: Webb City, — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 122 S. Tom St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Lucy Middle: Mae Last: Poulter
4. DATE OF DEATH: Month: November Day: 18 Year: 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 7/26/1871
9. AGE (last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: 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: Housewife
11. BIRTHPLACE (City and state or country): Ill.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Compton
13b. MOTHER'S MAIDEN NAME: no data
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Jerome Hill, Address: Webb City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Terminal Pulmonary Edema	4 days.
DUE TO (b)	Chronic Myocarditis	unknown.
DUE TO (c)	Coronary Insufficiency	unknown

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): Generalized Arteriosclerosis. Senility

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 WORK ☐ 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 11/9/59 to 11/17/59 and last saw her/him alive on 11/17/59
Death occurred at 4:05 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Van Wells (Degree or title) DO
22b. ADDRESS: 924 N. Daugherty. Webb City Mo
22c. DATE SIGNED: 11/18/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/20/59
23c. NAME OF CEMETERY OR CREMATORY: Crown Hill Cemetery
23d. LOCATION (City, town, or county) (State): Sedalia Missouri
24. FUNERAL DIRECTOR ADDRESS: Hedge-Lewis Funeral Home, Webb City, Mo.
25. DATE RECD. BY LOCAL REG.: 11-24-1959
26. REGISTRAR'S SIGNATURE: Doore Merriam

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT 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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Richard Troy Le

Licensed Embalmer No. 4405

P. O. Address Webb C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.