

FILED VS MAY 3 1960

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

=60-015894

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</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>Webb City 0992 ~</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>Jane Chinn Hospital</b>		Length of stay in lb <b>1 week</b>	d. STREET ADDRESS (If outside, give location) <b>327 S. Roane St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Ida</b> Middle <b>Mae</b> Last <b>Haskins</b>			4. DATE OF DEATH Month <b>April</b> Day <b>25</b> Year <b>1960</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</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>7/24/1883</b>	9. AGE (In years less birthday) <b>76</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>21</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>Housekeeper</b>	11. BIRTHPLACE (City and state or country) <b>Carterville, Mo. 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>James A. Hegwood</b>		13b. MOTHER'S MAIDEN NAME <b>Martha A. Ennis</b>		14. NAME OF HUSBAND OR WIFE	
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>none</b>	17. INFORMANT <b>James V. Hegwood, Joplin, Missouri</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>Uremia</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) <b>Urinary retention</b>					<b>1 week</b>
DUE TO (c) <b>Fractured Right Femur</b>					<b>1 week</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? <b>2</b> YES <input type="checkbox"/> NO <input checked="" 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.) <b>Fell in her home.</b>			
20c. TIME OF INJURY Hour <b>049</b> Month, Day, Year a.m. <b>4/18/60</b> p.m.					
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.) <b>Home</b>	20f. CITY, TOWN, OR LOCATION <b>Webb City</b>		COUNTY <b>Jasper</b> STATE <b>Missouri</b>
21. I attended the deceased from <b>4-18-60</b> to <b>4-25-60</b> and last saw her <sup>her</sup> <sub>her</sub> alive on <b>4-25-60</b> Death occurred at <b>9:45</b> a. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>[Signature]</i> (Degree or title) <b>2</b>			22b. ADDRESS <b>Webb City, Missouri</b>		22c. DATE SIGNED <b>4/27/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4/27/1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Webb City Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Webb City, Missouri</b>	
24. FUNERAL DIRECTOR <b>Hedge-Lewis Funeral Home, Webb City, Mo.</b> ADDRESS			25. DATE RECD. BY LOCAL REG. <b>4-27-60</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1-0

**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. Lewis* .....

Licensed Embalmer No. *4485* .....

P. O. Address *Wabco City 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.