

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-002301

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 28

AMENDED

FILED FEB 13 1962

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 Mineral Twp.	Length of stay in 1b 7 Mo's	c. CITY OR TOWN Joplin	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Elmhurst Convalescent Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If not , give location) Keystone Hotel Main St.

3. NAME OF DECEASED (Type or print) First WILLIAM Middle FRANCIS Last LOMAX	4. DATE OF DEATH Month February Day 7 Year 1962
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5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-20-1883	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packer	10b. KIND OF BUSINESS OR INDUSTRY Flour Mill	11. BIRTHPLACE (City and state or country) Neosho, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Alonzo Lomax	13b. MOTHER'S MAIDEN NAME Elvira Beals	14. NAME OF HUSBAND OR WIFE Allie Lomax
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. Unk	17. INFORMANT Sis- Address Mrs. Ora Johnson 1519 Missouri Ave.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY THROMBOSIS CORONARY ARTERIOSCLEROSIS Interval between ONSET AND DEATH 10 Min.		Interval between ONSET AND DEATH Unknown.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchiectasis, Pulmonary fibrosis.	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
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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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year
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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.)	20f. CITY, TOWN, OR LOCATION Joplin	COUNTY Jasper	STATE Missouri
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21. I attended the deceased from **June 1954**, to **Feb 7, 1962** and last saw him alive on **Jan. 31, 1962**.
Death occurred at **5:15 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>J. K. Kilbane M.D.</i>	22b. ADDRESS 408 West Fourth St. Joplin, Mo.	22c. DATE SIGNED 2/8/62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Feb. 9, 1962	23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery	23d. LOCATION (City, town, or county) Kansas City, Missouri	(State)
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24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MISSOURI	ADDRESS	25. DATE RECD. BY LOCAL REG. 2-9-62	26. REGISTRAR'S SIGNATURE <i>Mrs. Madeline Switzer</i>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 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 ROBERT A. YORK, Student Embalmer No. 631

working under my personal supervision.

Student Robert A. York
Signature of Student Embalmer

Signed Harvey B. Bruce

Licensed Embalmer No. 4463

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.