

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-015646

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 242

FILED MAY 7 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jasper</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Jasper</b>                        |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Joplin</b>   |   | Length of stay in 1b<br><b>4 Weeks</b>  | c. CITY OR TOWN <b>Webb City</b> Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Freeman Hospital</b>   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>1425 W. Daugherty</b> Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>      |
| 3. NAME OF DECEASED First Middle Last<br><b>Otis Edwin Fifield</b>   |   |   | 4. DATE OF DEATH Month Day Year<br><b>May 1, 1962</b>  |
| 5. SEX<br><b>M</b>   | 6. COLOR OR RACE<br><b>W</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>5/20/1876</b>   |
| 9. AGE (last birthday)<br><b>85</b>  |   | IF UNDER 1 YEAR<br>Months Days Hours Min.   | IF UNDER 24 HR<br>Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Employee</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Webb Corp.</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Creston, Iowa</b>   |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |   | 13a. FATHER'S NAME<br><b>John Langdon Fifield</b>   |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Emily Hammon</b>   |   | 14. NAME OF DECEASED WIFE<br><b>Lutie S. Fifield</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |   | 16. SOCIAL SECURITY NO.<br>[REDACTED]   | 17. INFORMANT Address<br><b>Mrs. Lutie S. Fifield, Webb City, Mo.</b>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Obstruction of common duct</b><br>DUE TO (b) <b>Carcinoma of head of pancreas</b><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 mo ± less than 2 years.</b>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input 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>6-7-49</b> to <b>5-1-62</b> and last saw him alive on <b>4-30-62</b><br>Death occurred at <b>5:20</b> <b>A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |  |
| 22a. SIGNATURE<br><i>[Signature]</i> (Degree or title)   |   | 22b. ADDRESS<br><b>Webb City Mo</b>   | 22c. DATE SIGNED<br><b>5-1-62</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>5/3/1962</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>I.O.O.F. Cemetery</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Neosho Missouri</b>  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Hedge-Lewis Funeral Home, Webb City, Mo.</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>5-3-1962</b>   | 26. REGISTRAR'S SIGNATURE<br><i>[Signature]</i>  |

It was  
not  
embalmed

*Handwritten notes:*  
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.

**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. 4405

P. O. Address Webb 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.