

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023659

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 125

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 10 1962

VS 300
Rev. 4/59

1 0490

2 0495

3

4 1

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7 0

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9 196.0

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11

12 86.0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mineral Twp.		Length of stay in 1b 2 1/2 Years	c. CITY OR TOWN Webb City,
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Elmhurst		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 204 N. Webb St.
3. NAME OF DECEASED (Type or print) First Ida Middle Ellen Last Messick		4. DATE OF DEATH Month July Day 6, Year 1962	
5. SEX F	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 11/8/1880
9. AGE (last birthday) 81		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Salisbury, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME David Anderson	
14. MOTHER'S MAIDEN NAME Mary Lynn		15. NAME OF HUSBAND OR WIFE	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. SOCIAL SECURITY NO. none	17. INFORMANT Mrs. Jessie Hardman, Webb City, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Toxicity from DUE TO (b) Ca. 7 jaw mesh DUE TO (c) metastasis (left ovary)			INTERVAL BETWEEN ONSET AND DEATH 4 mo
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? 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 4:30 a.m. p.m. Month, Day, Year Dec 6, 1961			
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 Joplin Mo COUNTY STATE
21. I attended the deceased from Dec 6, 1961 to July 6, 1962 and last saw her alive on 7/5/62		Death occurred at 4:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE [Signature] (Degree or title)		22b. ADDRESS Joplin Mo	22c. DATE SIGNED 7/6/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/8/62	23c. NAME OF CEMETERY OR CREMATORY Oronogo Cemetery,	23d. LOCATION (City, town, or county) Oronogo, Mo.
24. FUNERAL DIRECTOR Hedge-Lewis Funeral Home, Webb City, Mo.		25. DATE RECD. BY LOCAL REG. 7-7-62	26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer

JUL 12 1962

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 Roy Lewis

Licensed Embalmer No. 4400

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.