

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035128

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 472

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<p><b>FILED SEP 25 1962</b></p> <p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Jasper</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joplin</u> Length of stay in 1b <u>8yrs.</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>107 McCoy</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u></p> <p>c. CITY OR TOWN <u>Joplin</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>107 McCoy</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>Lillian Bebee</u></p>		<p>4. DATE OF DEATH Month Day Year <u>September 15 1962</u></p>	
<p>5. SEX <u>Female</u></p>	<p>6. COLOR OR RACE <u>White</u></p>	<p>7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>11-23-1930</u></p>
<p>9. AGE (last birthday) <u>31</u> IF UNDER 1 YEAR Months Days Hours Min.</p>		<p>11. BIRTHPLACE (City and state or country) <u>Antlers, Okla</u></p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>none</u></p>	
<p>12. CITIZEN OF WHAT COUNTRY <u>U S A</u></p>		<p>13a. FATHER'S NAME <u>William Henry Bebee</u></p>	
<p>13b. MOTHER'S MAIDEN NAME <u>Alice Duvall</u></p>		<p>14. NAME OF HUSBAND OR WIFE <u>none</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u></p>		<p>16. SOCIAL SECURITY NO. <u>none</u></p>	
<p>17. INFORMANT <u>Mrs. Gladys Adamson, Joplin, Missouri</u></p>		<p>17. ADDRESS</p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Pulmonary tuberculosis</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Mentally retarded</u></p>			<p>INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u></p>
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>		<p>20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____</p>	
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____</p>	
<p>20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____</p>		<p>21. I attended the deceased from _____ to <u>9-15-1962</u> and last saw her/him alive on <u>9-15-62</u></p> <p>Death occurred at <u>11:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22. SIGNATURE (Degree or title) <u>L. Kilbane M.D.</u></p>		<p>22b. ADDRESS <u>408 West 4th</u></p>	
<p>22c. DATE SIGNED <u>9/18/62</u></p>		<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>	
<p>23b. DATE <u>9-18-1962</u></p>		<p>23c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Park</u></p>	
<p>23d. LOCATION (City, town, or county) <u>Joplin, Missouri</u></p>		<p>23e. STATE _____</p>	
<p>24. FUNERAL DIRECTOR _____ ADDRESS _____</p>		<p>25. DATE RECD. BY LOCAL REG. <u>9-21-1962</u></p>	
<p>26. REGISTRAR'S SIGNATURE <u>Dove Merriam</u></p>		<p>27. _____</p>	

Mason Chapel, 108 Range Line, Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

**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  \_\_\_\_\_

Licensed Embalmer No. 4568

P. O. Address Joplin, Missouri

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.