

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **16988**

FILED JUN 7 1951

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 258

0495

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, write RURAL and give township) OR TOWN Joplin		c. LENGTH OF STAY (in this place) 3yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		0495
d. FULL NAME OF HOSPITAL OR INSTITUTION St Johns Hospital			d. STREET ADDRESS (If rural, give location) 1510 East 3rd St.		
3. NAME OF DECEASED (Type or Print) a. (First) LOLA b. (Middle) GAY c. (Last) DANNER			4. DATE OF DEATH (Month) (Day) (Year) May 30, 1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH October 10, 1934	9. AGE (In years last birthday) 16	10. MONTHS 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) Carthage, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Hugh H. Danner		13b. MOTHER'S MAIDEN NAME Lillian Millard		14. NAME OF HUSBAND OR WIFE Never Married	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lillian Danner Joplin, Missouri			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant meningioma of brain				INTERVAL BETWEEN ONSET AND DEATH 15 Mo.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 193x			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2-21 , 19 50 to 5-30 , 19 51 , that I last saw the deceased alive on 5-29 , 19 51 , and that death occurred at 6:33 am. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) E. H. Hamilton M.D.			23b. ADDRESS Joplin Mo.		23c. DATE SIGNED 5-31-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-2-51	24c. NAME OF CEMETERY OR CREMATORY Purcell Cemetery	24d. LOCATION (City, town, or county) (State) Purcell, Missouri		
DATE REC'D BY LOCAL REG. 6-2-51	REGISTRAR'S SIGNATURE Edgar Jones	25. FUNERAL DIRECTOR'S SIGNATURE W. D. Hedge Lewis	ADDRESS Webb City, Missouri		

RECEIVED 6-5-51

Jasper County Health Office

County File Number 51/5/461

Date Filed 6-5-51

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
Student Embalmer

Signed Leonard J. Lewis 2.

Licensed Embalmer No. 4561

P. O. Address Wheeler 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 this body is not embalmed, fact should be so stated above.