.300
.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39468

BIRTH NO. FILED DEC 8 1953 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 538

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Joplin.
c. LENGTH OF STAY (In this place) 3 years.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Joplin
d. STREET ADDRESS (If rural, give location) 802 North Harlem

3. NAME OF DECEASED (Type or Print)
a. (First) Levi
b. (Middle)
c. (Last) Ussery

4. DATE OF DEATH (Month) (Day) (Year) Nov. 25. 1953.

5. SEX Male
6. COLOR OR RACE White.
7. MARRIED, ~~NEVER MARRIED~~, ~~WIDOWED, DIVORCED~~ (Specify)
8. DATE OF BIRTH Mar. 9. 1900
9. AGE (In years last birthday) 53 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner
10b. KIND OF BUSINESS OR INDUSTRY Lead and Zinc Mines.
11. BIRTHPLACE (State or foreign country) Climax Springs, Mo.
12. CITIZEN OF WHAT COUNTRY? Amer.
13a. FATHER'S NAME Frank Ussery
13b. MOTHER'S MAIDEN NAME Mary Haymes.
14. NAME OF HUSBAND OR WIFE Lucille, Ussery
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. 447-07-6050
17. INFORMANT'S SIGNATURE OR NAME ADDRESS 802 North Harlem. Joplin, Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bi-lateral Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 6 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 No
19b. MAJOR FINDINGS OF OPERATION None .002X
20. AUTOPSY? YES ☐ NO ☑

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-22, 1953, *to* 11-25, 1953, *that I last saw the deceased alive on* 4-23, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) S. Lawson D.O.
23b. ADDRESS 1506 ½ Main St.
23c. DATE SIGNED 11-28-1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 11-25-53
24c. NAME OF CEMETERY OR CREMATORY G.A.R. Miami.
24d. LOCATION (City, town, or county) (State) Miami. Okla.

DATE REC'D BY LOCAL REG. 12-1-53
REGISTRAR'S SIGNATURE Ed S. James 138 by Dolores Lampkin
25. FUNERAL DIRECTOR'S SIGNATURE Thornhill-Dillon Mont
ADDRESS Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 7 1953
Jasper County Health Office
County File Number 53-12-970
Date Filed DEC 7 1953

JAN 12 1954

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed Cecil A. Thornhill

Signed _____
Student Embalmer

Licensed Embalmer No. 3590

P. O. Address Joplin, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.