

FILED FEB 14 1956

STANDARD CERTIFICATE OF DEATH

State File No. 1618

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 55					
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 town) JOPLIN		c. LENGTH OF STAY (In this place) 4 WEEKS		c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN							
d. FULL NAME OF HOSPITAL OR INSTITUTION REST HOME - 202 MAIDEN LANE				d. STREET ADDRESS (If rural, give location) 202 1/2 MAIN STREET 0475							
3. NAME OF DECEASED (Type or Print) a. (First) OLLIE		b. (Middle) LEONA		c. (Last) NEEDHAM		4. DATE OF DEATH (Month) (Day) (Year) JAN. 27, 1956					
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEB. 27, 1916		9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (State or foreign country) JOPLIN, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME LEONARD ROBINSON			13b. MOTHER'S MAIDEN NAME NARCISSE LEWIS			14. NAME OF HUSBAND OR WIFE LEONARD NEEDHAM					
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 LEONARD NEEDHAM, 202 1/2 MAIN STREET							
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of cervix 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.						INTERVAL BETWEEN ONSET AND DEATH 1 yr			
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) 1714							
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <i>Thomas King, M.D.</i>				23b. ADDRESS <i>4 Enrico Bldg - Joplin</i>		23c. DATE SIGNED 1.28.56					
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-30-56		24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY		24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI					
DATE REC'D BY LOCAL REG. 2-3-56		REGISTRAR'S SIGNATURE <i>Doore Newman</i>		526		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 13 1956
Jasper County Health Office

County File Number 56-2-144

Date Filed FEB 13 1956

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 F. M. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin 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.