

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38443

STATE FILE NUMBER

FILED NOV 30 1956

Registration District No.

156

Primary Registration District No.

2001

Registrar's No.

512

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, give TOWNSHIP only) OR TOWN JOPLIN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN WEBB CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST JOHNS HOSPITAL Length of stay in lb 25 YRS		d. STREET (If outside, give location) ADDRESS 615 NORTH WEBB ST Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MIDDLE LAST LIZZIE BELL HERRON		4. DATE OF DEATH Month Day Year NOVEMBER 16 1956	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEBRUARY 10, 1891
9. AGE (In years last birthday) 65		10. IF UNDER 1 YEAR IF UNDER 24 MRS. Months Days Hours Min. 9 6	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	
11. BIRTHPLACE (City and state or country) BETHPAGE MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME NO DATA		14. MOTHER'S MAIDEN NAME ? NEWBERRY	
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. NO	
17. INFORMANT HAROLD HERRON		Address 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) <i>Owner of uterus with wide spread dissemination in hosp</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>about 2 yrs duration</i> DUE TO (c) <i>about 2 yrs duration</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		INTERVAL BETWEEN ONSET OF DEATH 1 wk 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT <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		COUNTY STATE	
21. I attended the deceased from <i>Nov 10</i> to <i>Nov 16</i> and last saw her alive on <i>Nov 16-56</i> Death occurred at <i>16-56</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. Crawford</i> (Degree or title)		22b. ADDRESS <i>1180</i>	
22c. DATE SIGNED <i>11-18-56</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11/19/1956	
23c. NAME OF CEMETERY OR CREMATORY STONEWALL CEMETERY		23d. LOCATION (City, town, or county) (State) DUNEDEN (RURAL) MO	
24. FUNERAL DIRECTOR HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO		25. DATE RECD. BY LOCAL REG. 11-19-56	
26. REGISTRAR'S SIGNATURE <i>Doris Merriam</i>			

(Licensed Embalmer's Statement on Reverse Side)

County File No. 56-11-934
Date Filed NOV 27 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, Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed Richard Gray Lewis

Licensed Embalmer No. 446

P. O. Address Wells City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.