

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

1621

FILED FEB 6 1957

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 53

|  |                       |   |   |  |  |
|--|-----------------------|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY JASPER  |                       |   | 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)<br>a. STATE MISSOURI b. COUNTY NEWTON |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR JOPLIN   |                       | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN<br>JOPLIN   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.  |                       | Length of stay in lb<br>55 YRS  | d. STREET ADDRESS 3929 PENNSYLVANIA   |  | (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>LOLA MAY FARRIS   |                       |   | 4. DATE OF DEATH<br>Month JAN. Day 25, Year 1957  |  |  |
| 5. SEX<br>F  | 6. COLOR OR RACE<br>W | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>OCT. 12, 1896   | 9. AGE (In years last birthday)<br>60            |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>HOUSEKEEPER   |                       | 10b. KIND OF BUSINESS OR INDUSTRY<br>VAR. HOMES   | 11. BIRTHPLACE (City and state or country)<br>LEBANON, MO.  |  | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.   |
| 13. FATHER'S NAME<br>LEE TAYLOR FARRIS   |                       |   | 14. MOTHER'S MAIDEN NAME<br>LURINDA CLARK   |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>NO  |                       | 16. SOCIAL SECURITY NO.   | 17. INFORMANT Address<br>MRS. STELLA HUDDLESTON, 2026 CONNOR AVE.   |  |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Carcinoma of breast - general metastasis</i><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Carcinoma of breast</i><br>DUE TO (c) |                       |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><i>1 yr 8 mos.</i>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  |                       |   |   |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                    |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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<br>a. m. p. m.   |                       |   |   |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <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 4-6-56 to 1-25-57 and last saw her <sup>her</sup> <sub>from</sub> alive on 1-25-57. Death occurred at 4 p m on the date stated above; and to the best of my knowledge, from the causes stated.  |                       |   |   |  |  |
| 22a. SIGNATURE (Degree or title)<br><i>H. K. Weisman M.D.</i>  |                       |   | 22b. ADDRESS<br>717 Frisco Bldg. Joplin, Mo.  |  | 22c. DATE SIGNED<br>1-28-57  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>BURIAL  |                       | 23b. DATE<br>1-28-57  | 23c. NAME OF CEMETERY OR CREMATORY<br>OZARK MEMORIAL PARK   |  | 23d. LOCATION (City, town, or county) (State)<br>JOPLIN, MISSOURI  |
| 24. FUNERAL DIRECTOR<br>STEVE PARKER MORTUARY, JOPLIN, MO.   |                       | 25. DATE RECD. BY LOCAL REG.<br><i>Jan 31-1957</i>  |   | 26. REGISTRAR'S SIGNATURE<br><i>Dove Merriam</i> |  |

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard momentary in their 12. no symptoms... diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

00-56

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County Site Number  
Date Filed FEB 4 1977

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 *F. M. Jones* .....  
Licensed Embalmer No. *233*

P. O. Address *Joplin*

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