

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57021591
STATE FILE NUMBER

FILED JUL 2 - 1957

40506-57 Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 115

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY JASPER		b. CITY (If outside corporate limits, give TOWNSHIP only) Webb City		a. STATE MISSOURI		b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) Webb City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN PURCELL		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JANE CHINN			Length of stay in 1b 1 DAY	d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOYCE				Middle ELAINE		Last PAGE	
4. DATE OF DEATH JUNE 28 1957		Month JUNE		Day 28		Year 1957	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH JUNE 13, 1957	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 15	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) WEBB CITY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME MAX PAGE				14. MOTHER'S MAIDEN NAME ONETA MILLER			
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. NONE		17. INFORMANT FATHER		Address PURCELL, MISSOURI	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) (A) ATYPICAL PNEUMONIA DUE TO (c) (B) CONGENITAL ATRESIA OF BRONCHITIS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) LEFT INGUINAL HERNIA							INTERVAL BETWEEN ONSET AND DEATH 9 HRS
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			7590				
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 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 PURCELL		STATE MISSOURI	
21. I attended the deceased from JUNE 13, 1957 to 6-28-1957 and last saw her alive on 6-28-57 Death occurred at 4:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE W. F. Fisher (Degree or title) D.O.				22b. ADDRESS WEBB CITY, MISSOURI		22c. DATE SIGNED 6-28-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 6-30-1957	23c. NAME OF CEMETERY OR CREMATORY PURCELL		23d. LOCATION (City, town, or county) (State) PURCELL MISSOURI		
24. FUNERAL DIRECTOR HEDGE-LEWIS			ADDRESS WEBB CITY, MISSOURI		25. DATE RECD. BY LOCAL REG. 6-29-57	26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

740

County File Number
Date Filed
JUL 1 1957

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 *L. J. Lewis*

Licensed Embalmer No. *4*

P. O. Address *Wells*

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.