

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

<sup>17</sup>  
Kitch 58-010370  
State File No. ....

FILED APR 2 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 145

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Cherokee</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. LENGTH OF STAY (In this place) <u>1 week</u>		c. CITY OR TOWN <u>Galena</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Rural Route 1</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillie</u>			b. (Middle) <u>Mae</u>		c. (Last) <u>Clifford</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 22, 1958</u>				
5. SEX <u>Fem.</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>Mar. 24, 1883</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>74 yrs.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Boonville, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Robert Stoops</u>				13b. MOTHER'S MAIDEN NAME <u>Mary M. Robinson</u>				14. NAME OF HUSBAND OR WIFE <u>(Deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Irene Gibson</u>				ADDRESS <u>Galena, Kansas</u>			
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* <u>Coronary arteriosclerosis &amp; cerebral arteriosclerosis</u> ANTECEDENT CAUSES <u>jaundice both legs</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>arteriosclerosis generalized</u> DUE TO (b) DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH <u>10 Days</u> <u>10 Mths.</u>			
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) <u>4501</u>		(COUNTY)		(STATE)			
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 <u>8/29/57</u> , 19 <u>57</u> , to <u>3/22</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>3/22</u> , 19 <u>58</u> and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE <u>[Signature]</u>				23b. ADDRESS <u>2125 Jackson, Joplin, Mo.</u>				23c. DATE SIGNED <u>3/24/58</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/23/58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>		24d. LOCATION (City, town, or county) <u>Galena, Kansas</u>		(State)			
DATE REC'D BY LOCAL REG. <u>3-26-58</u>		REGISTRAR'S SIGNATURE <u>Doore Merriam</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd Kitch</u>				ADDRESS <u>Galena, Kansas</u>	

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

County File Number 58-3-306  
Date Filed MAR 31 1958

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 Steve Parker

Licensed Embalmer No. 254

P. O. Address Joplin

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.