

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009897
STATE FILE NUMBER

FILED APR 1 1959 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 173

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		c. CITY OR TOWN Joplin	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Freeman Hosp.		d. STREET ADDRESS (If outside, give location) 1839 Perkins	
3. NAME OF DECEASED (Type or print) First Middle Last Anna Lass Schell		4. DATE OF DEATH Month Day Year March 26 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 2, 1906
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Domestic	9. AGE (In years last birthday) 52
11. BIRTHPLACE (City and state or country) Ogden, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Hance Lass		13b. MOTHER'S MAIDEN NAME	
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. 477-01-4983	
17. INFORMANT Vincent Schell		Address Joplin, 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) Carcinoma of breast DUE TO (b) Metastasis to Lungs, Brain DUE TO (c) skeletal system			INTERVAL BETWEEN ONSET AND DEATH 4 years 1 year
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? 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.)	
21. I attended the deceased from 4-4-56 to 3-26-59 and last saw her alive on 3-26-59 Death occurred at 1:45 P. on the date stated above; and to the best of my knowledge, from the causes stated.		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
22a. SIGNATURE (Degree or title) Lewis J. Ferguson M.D.		22b. ADDRESS 206 Mel Art Bldg. Joplin Mo.	
22c. DATE SIGNED 3-27-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE March 28, 59	
23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park		23d. LOCATION (City, town, or county) (State) Joplin, Missouri	
24. FUNERAL DIRECTOR Herbert Glover, Joplin		25. DATE RECD. BY LOCAL REG. 3-30-1959	
26. REGISTRAR'S SIGNATURE Dove Merriam			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 10 1959

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

Dale Glover

Licensed Embalmer No. 4593

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