

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-027534

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 390
FILED AUG 8 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

6499
20499

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DATE AMENDED: 8/17/62, 8/17/62, 8/17/62
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:
 INSTEAD OF: Missouri, Jasper, Joplin, Lightburn & Rosalie, 1 yr., 5 yrs., 4/1/62
 SHOULD READ: 2a, b, c. Calif., Orange, Costa Mesa, Joplin, Lightburn & Rosalie, 1 yr., 5/12/62
 BY AFFIDAVIT OF Informant & Attendant

USE BLACK INK OR TYPEWRITER RIBBON

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 Costa Mesa	
Length of stay in 1b 2 mos		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 2827 East 16th Street		d. STREET ADDRESS (If outside, give location) 2827 East 16th Street	
3. NAME OF DECEASED (Type or print) First LORA Middle INEZ Last MARSHALL		4. DATE OF DEATH Month July Day 27 , Year 1962	
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 checked="" type="checkbox"/>	8. DATE OF BIRTH 7-2-1881
9. AGE (last birthday) 81		IF UNDER 1 YEAR: Months 6 Days 14 Hours 12 Min. 30	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical Nurse		10b. KIND OF BUSINESS OR INDUSTRY Nursing	
11. BIRTHPLACE (City and state or country) Marion County, W. Va.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John W. Looman		13b. MOTHER'S MAIDEN NAME Rosalie Moore, Rosalie	
14. NAME OF HUSBAND OR WIFE Mrs. Roger Lightburn, 2827 E. 16th St.,		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	
16. SOCIAL SECURITY NO.		17. INFORMANT Lightburn Address Joplin, 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) Respiratory Failure DUE TO (b) Generalized Carcinoma DUE TO (c) Carcinoma of breast.		INTERVAL BETWEEN ONSET AND DEATH 6 mos. 54 1/2 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 Joplin COUNTY Jasper STATE Mo.	
21. I attended the deceased from 5/12/62 to 7-27-62 and last saw her 7-27-62 alive on 7-27-62 Death occurred at 8:35 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) [Signature]	
22b. ADDRESS Frieds Bldg		22c. DATE SIGNED 7-27-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 30, 1962	
23c. NAME OF CEMETERY OR CREMATORY Park Cemetery		23d. LOCATION (City, town, or county) (State) Carthage, Missouri	
24. FUNERAL DIRECTOR Thornhill-Dillon Mortuary, Joplin, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 7-31-1962	
26. REGISTRAR'S SIGNATURE [Signature]			

AUG 9 1962

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 David Dillon

Licensed Embalmer No. 3898

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.

MISSOURI DEPARTMENT OF HEALTH