MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-63-000156
STATE FILE NUMBER

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 14

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	0061
2	0490
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

FILED FEB 13 1963

1. PLACE OF DEATH a. COUNTY Barton

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar — Length of stay in 1b 10 days

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Barton Co. Memorial Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper

c. CITY OR TOWN Jasper — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) Maiden Lane — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Lilly Middle Pearl Last Stith

4. DATE OF DEATH Month February Day 3 Year 1963

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH Sept. 22, 1877

9. AGE (last birthday) 85 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY own home

11. BIRTHPLACE (City and state or country) Barton County, Mo.

12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Richard Southwick

13b. MOTHER'S MAIDEN NAME Sophia Erwin

14. NAME OF HUSBAND OR WIFE Harve Stith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of [redacted]

16. SOCIAL SECURITY NO. [redacted]014

17. INFORMANT Address Mrs. Jim Still, Jasper, 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) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH 3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Congestive Heart Failure

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1-24-63, to 2/3/63 and last saw her alive on 2/2/63

Death occurred at 6:35 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Thomas Carroll M.D.

22b. ADDRESS 1204 Gulf St. LAMAR Mo

22c. DATE SIGNED 2/6/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Feb. 6, 1963

23c. NAME OF CEMETERY OR CREMATORY Paradise Cemetery

23d. LOCATION (City, town, or county) (State) Jasper County, Mo.

24. FUNERAL DIRECTOR Martin Selvey — ADDRESS Jasper, Mo.

25. DATE RECD. BY LOCAL REG. 2-6-1963

26. REGISTRAR'S SIGNATURE Marie Konantz

(Licensed Embalmer's Statement on Reverse Side)

Permit obtained Feb. 6, 1963

FEB 27 1963

FEB 28 1963

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 George W Newcomb

Licensed Embalmer No. 4671

P. O. Address Lockwood, 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.