

REC'D JUN 7 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

18525  
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411  
 (b) Township Jasper Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
 (c) City Joplin (d) Street No. 715 Minnesota St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 715 Minnesota St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FM 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J M Cox  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15 - 1868  
 7. AGE YEARS 79 MONTHS 7 DAYS 3 If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 1

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
 I last saw him alive on May 26, 1938 Death is said to have occurred on the date stated above, at \_\_\_\_\_ Mo. \_\_\_\_\_  
 The principal cause of death and related causes of importance were as follows:  
Heart Attack Date of onset \_\_\_\_\_

Other contributory causes of importance: None  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy None  
 23. If death was due to external causes (violence), fill in and the following:  
 Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jawa  
 FATHER 13. NAME Edward Eads  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jawa  
 MOTHER 15. MAIDEN NAME Henrietta Dunstons  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jawa  
 17. INFORMANT Mrs Pete Dunstons  
 (ADDRESS) 715 Minnesota Ave  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview DATE 5-21-38  
 19. FUNERAL DIRECTOR (NAME) Henry H. Smith  
 (ADDRESS) 212 Joplin St  
 20. FILED 5-20-38 Ed Joplin Local Registrar

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) A. S. Winchester M. D.  
 (Address) Joplin Mo

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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 .....

Registered Apprentice No. ...., working under my personal supervision.

Signed

*Steve Parker*

Licensed Embalmer No.

*25118*

P. O. Address

*Gophers Nest*

**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 this body is not embalmed, above space should be left blank.**