

FILED FEB 18 1949

## STANDARD CERTIFICATE OF DEATH

State File No. 5315

No. 300  
10.4849  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 3127		Registrar's No. 33	
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, write RURAL and give township) OR TOWN WEBB CITY		c. LENGTH OF STAY (In this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN			
d. FULL NAME OF HOSPITAL OR INSTITUTION JANE CHINN HOSPITAL				d. STREET ADDRESS (If rural, give location) R#3, NEW ADDITION			
3. NAME OF DECEASED (Type or Print) a. (First) CHARLIE		b. (Middle) F.		c. (Last) HALL		4. DATE OF DEATH (Month) (Day) (Year) 2 10 49	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 3-22-1883	
9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Operator		11. BIRTHPLACE (State or foreign country) Trashi Hauling Kingston, Georgia		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME NO RECORD		13b. MOTHER'S MAIDEN NAME NO RECORD		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS DONNIE C. HALL, R#3, JOPLIN, MO			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebrovascular Stroke</i> ANTECEDENT CAUSES <i>Cerebral Arteriosclerosis</i> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cerebral Arteriosclerosis</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  15-17				INTERVAL BETWEEN ONSET AND DEATH 6 months 12 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <i>Jan 30, 1949</i> , to <i>Feb 10, 1949</i> , that I last saw the deceased alive on <i>Feb 10, 1949</i> , and that death occurred at <i>1:55 p</i> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>D. Dawson D.D.</i>				23b. ADDRESS <i>Joplin Mo</i>		23c. DATE SIGNED <i>2-10-49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-14-49		24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW		24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI	
DATE REC'D BY LOCAL REG. FEB. 12, 1949		REGISTRAR'S SIGNATURE <i>D. Dawson</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PARKER-HUNSAKER MORTUARY, JOPLIN, MO			

(Licensed Embalmer's Statement on Reverse Side)

**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.

Signed F. M. Jones

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Japhin 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 this body is not embalmed, fact should be so stated above.