

FILED OCT 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30798

State File No. _____

Registrar's No. 164

BIRTH NO. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 3127		Registrar's No. 164			
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) 62 Yrs		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) 110 1/2 West 1st Street					
3. NAME OF DECEASED (Type or Print) William			a. (First)		b. (Middle) Hauser		c. (Last) JONES		
4. DATE OF DEATH		(Month) Sept.		(Day) 16,		(Year) 1949.			
5. SEX Male		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 25, 1877			
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR 5 Months		IF UNDER 1 YEAR 21 Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Fireman			11. BIRTHPLACE (State or foreign country) Carbondale, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Jesse Jones			13b. MOTHER'S MAIDEN NAME Eliza Buch			14. NAME OF HUSBAND OR WIFE Octavia Jones			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes			16. SOCIAL SECURITY NO. Spanish American			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Octavia Jones 110 1/2 West 1st 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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocarditis ANTECEDENT CAUSES DUE TO (b) Myocardial degeneration DUE TO (c) Atherosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Epistaxis						INTERVAL BETWEEN ONSET AND DEATH 3 days 8 mo Years 5 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		4221			
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 9-10-1949 to 9-16-1949, that I last saw the deceased alive on 9-16-1949, and that death occurred at 10:00A.M., from the causes and on the date stated above.									
23a. SIGNATURE R.A. Mahoney, D.O.				(Degree or title)		23b. ADDRESS Joplin, Mo.		23c. DATE SIGNED 9/20/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 19, 1949		24c. NAME OF CEMETERY OR CREMATOR Fairview Cemetery		24d. LOCATION (City, town, or county) (State) Joplin, Missouri			
DATE REC'D BY LOCAL REG. SEPT. 23, 1949		REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Mort. Joplin, Mo.				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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of
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RECEIVED 9-26-49
Jasper County Health Office

County File Number 49-9-735

Date Filed 9-28-49

OCT 4
1949

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

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Jesse O. Sullivan

Licensed Embalmer No. 4646

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 this body is not embalmed, fact should be so stated above.