

FILED APR 5 1950

STANDARD CERTIFICATE OF DEATH

State File No. 9239

495

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

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 139

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Jasper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Green | |
| b. CITY (If outside corporate limits, write RURAL and give township) Joplin | | c. CITY (If outside corporate limits, write RURAL and give township) Springfield 0396 | |
| c. LENGTH OF STAY (in this place) 4 hrs | | d. STREET ADDRESS (If rural, give location) 2409 S. Florence | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital | | | |
| 3. NAME OF DECEASED (Type or Print) Janis | a. (First) | b. (Middle) Gayle | c. (Last) Bryson |
| 4. DATE OF DEATH March 18 1950 | | | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married | 8. DATE OF BIRTH Oct. 16, 1931 |
| 9. AGE (In years last birthday) 18 | IF UNDER 1 YEAR Months | IF UNDER 12 HRS. Days | IF UNDER 12 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Stockton, Mo. | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME E. E. Bryson | 13b. MOTHER'S MAIDEN NAME Bernice Crabtree | 14. NAME OF HUSBAND OR WIFE Mrs. Leon Appleby | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Leon Appleby 2409 S. Florence Springfield | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | INTERVAL BETWEEN ONSET AND DEATH 6 HOURS 68/67 24 |
| MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Injuries multiple extreme, ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Crush injury face, skull and intracranial injury DUE TO (c) Laceration chin and left elbow Aneurysm II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SURVEIL HOME/ACCIDENT | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. Army 166-Joplin Mo. | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Joplin JASPER MO. | |
| 21d. TIME OF INJURY 3-18-50 | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? CAR COLLISION 122 | |
| 22. I hereby certify that I attended the deceased from 3-18-50 3-18-50 , 19____, that I last saw the deceased alive on 3-18, 1950, and that death occurred at 11:20 a.m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE W. W. Hunsaker, M.D., Coroner of Jasper County | 23b. ADDRESS Joplin, Mo. | 23c. DATE SIGNED 3-25-50 | |
| 24a. BURIAL, CREMATION, REMOVAL removal | 24b. DATE 3-20-1950 | 24c. NAME OF CEMETERY OR CREMATORY Kings Prairie | 24d. LOCATION (City, town, or county) (State) Monett, Mo. |
| DATE REC'D BY LOCAL REG. 3 30 50 | REGISTRAR'S SIGNATURE E. J. Hunsaker | 25. FUNERAL DIRECTOR'S SIGNATURE Parker-Hunsaker Mortuary | ADDRESS Joplin |

RECEIVED 4-3-50
Jasper County Health Office

County File Number 50-3-247

Date Filed 4-3-50

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
Student Embalmer

Signed *F. M. Jones*

Licensed Embalmer No. *2314*

P. O. Address *Jasper, 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.