

FILED MAR 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9277

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 90	
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 Joplin		c. LENGTH OF STAY (in this place) 50 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		1423	
d. FULL NAME OF HOSPITAL OR INSTITUTION Joplin General Hospital				d. STREET ADDRESS (If rural, give location) 424 Forest			
3. NAME OF DECEASED (Type or Print)		a. (First) Harvey		b. (Middle) R		c. (Last) Jones	
4. DATE OF DEATH		(Month) Feb		(Day) 22		(Year) 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov 11, 1880	
9. AGE (In years last birthday) 69		10. UNDER 1 YEAR Months 3		11. UNDER 24 HRS. Days 11		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boiler Maker		10b. KIND OF BUSINESS OR INDUSTRY Frisco R. R.		11. BIRTHPLACE (State or foreign country) Bevier, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Chas. Jones		13b. MOTHER'S MAIDEN NAME Ada. Burge		14. NAME OF HUSBAND OR WIFE Irene 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 Irene Jones, 424 Forest 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Failure		INTERVAL BETWEEN ONSET AND DEATH					
ANTECEDENT CAUSES		340K ✓					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Perforated ulcer					
DUE TO (c)		pyloric and stomach (supplementary report)					
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 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)		JOPLIN, MISSOURI	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		COUNTY MISSOURI (STATE) INFORMATION REQUESTED	
22. I hereby certify that I attended the deceased from 2/21, 1950, to 2/22, 1950, that I last saw the deceased alive on 2/22, 1950, and that death occurred at 2:30 P.M., from the causes and on the date stated above.				23a. SIGNATURE O.E. Heinlein (Degree or title)		23b. ADDRESS 521 W. 4th Joplin Mo	
23c. DATE SIGNED 2/24/50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-25-1950		24c. NAME OF CEMETERY OR CREMATORY Forest Park	
24d. LOCATION (City, town, or county) Joplin, Missouri		24e. STATE MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Panker-Hunsaker Mortuary Joplin Mo.			
DATE REC'D BY LOCAL REG. 2-27-50		REGISTRAR'S SIGNATURE		3%			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-6-50

Jasper County Health Office

MAR 27 1950

County File Number 50-3-175

Date Filled 3-25-50

MAR 30 1950

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. 2319

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.