

FILED SEP 21 1950

STANDARD CERTIFICATE OF DEATH

State File No. 30857

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 127

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 town) Webb City		c. CITY (If outside corporate limits, write RURAL and give township) Alba	
c. LENGTH OF STAY (in this place) 2 1/2 days		0490	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital		d. STREET ADDRESS (If rural, give location) -----	

3. NAME OF DECEASED (Type or Print)	a. (First) FAY	b. (Middle)	c. (Last) JOHN	4. DATE OF DEATH (Month) (Day) (Year) Sept 12, 1950
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct 20, 1875	9. AGE (In years less birthday) 74	IF UNDER 1 YEAR 10 Months	IF UNDER 24 HRS. 22 Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer	10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (State or foreign country) Kinmonday, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William John	13b. MOTHER'S MAIDEN NAME No data	14. NAME OF HUSBAND OR WIFE Minnie Wilfoung John
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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. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Fay John, X Alba, Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 4 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			331X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 9-9, 1950, to 9-12, 1950, that I last saw the deceased alive on 9-11, 1950, and that death occurred at 6:50a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert B. Berry	23b. ADDRESS Webb City Mo	23c. DATE SIGNED 9-12-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Sep 14, 1950	24c. NAME OF CEMETERY OR CREMATORY Friends Cemetery	24d. LOCATION (City, town, or county) (State) Purell, Mo
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DATE REC'D BY LOCAL REG. Sep 12 1950	REGISTRAR'S SIGNATURE S. L. Dutcher	25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary, Carthage, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 9-19-50
Jasper County Health Office

County File Number 50-8-667

Date Filed 9-20-50

SEP 22 1950

JUN 1

1955

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 Frank W. Kneel

Licensed Embalmer No. 4440

P. O. Address Carthage 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.