

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		Registrar's No. 224			
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 Carthage		c. LENGTH OF STAY (in this place) 5 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		0475 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION 158 N. Main St.				d. STREET ADDRESS (If rural, give location) 158 N. Main St.					
3. NAME OF DECEASED (Type or Print)		a. (First) WILLIAM		b. (Middle) SAMUEL PARIS		c. (Last) JONES		4. DATE OF DEATH (Month) (Day) (Year) Dec 26, 1950	
5. SEX male 0		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Mar 20, 1869		9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months 9 Days 6 IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) Lawrenceburg, Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Wm Thos. Jones			13b. MOTHER'S MAIDEN NAME Maria Jane Paris			14. NAME OF HUSBAND OR WIFE Mollie Jones			
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 ADDRESS Grace Haggard, 718 Graat, Carthage, 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) HEMORRHAGE, ESOPHAGEA/VARIX ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CIRRHOSIS OF THE LIVER DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 30 MIN 2 yrs 5810	
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 July 30, 1950, to Dec. 26, 1950, that I last saw the deceased alive on Dec 26, 1950, and that death occurred at 9:10p m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Paul H. Pinner M.D.				23b. ADDRESS 1246 GRAND-CARTHAGE, Mo		23c. DATE SIGNED 12/28/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial 1)		24b. DATE Dec 29, 1950	24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		24d. LOCATION (City, town, or county) (State) Joplin, Missouri				
DATE REC'D BY LOCAL REG. 12-28-50		REGISTRAR'S SIGNATURE Robertson W. D. 159		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary Carthage, Mo.					

RECEIVED 1-2-51

Jasper County Health Office

County File Number 50-12-863

Date Filed 1-2-51

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 _____

Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.