

STANDARD CERTIFICATE OF DEATH

State File No. **9060**

FILED MAR 21 1951

Registrar's No. **48**

BIRTH NO. _____ REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **3177**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo. b. COUNTY Dade	
b. CITY OR TOWN Webb City		c. CITY OR TOWN So. Greenfield, Missouri	
c. LENGTH OF STAY (in this place) 3 months		d. STREET ADDRESS (If rural, give location) Gen. Delivery	
d. FULL NAME OF HOSPITAL OR INSTITUTION 813 N. MADISON ST			

3. NAME OF DECEASED (Type or Print) a. (First) Artie	b. (Middle) Missey	c. (Last) Jones	4. DATE OF DEATH (Month) (Day) (Year) Feb. 15, 1951
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 22, 1869	9. AGE (In years last birthday) 81	10. UNDER 1 YEAR (Months) 1 (Days) 23	11. UNDER 24 HRS. (Hours) 1 (Min.) 23
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Cedar County Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Issam Robison	13b. MOTHER'S MAIDEN NAME Jane Tibes	14. NAME OF HUSBAND OR WIFE Unknown
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME J. W. Willhoite	ADDRESS Dunscombe, Iowa
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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 592 X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic nephritis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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"/>
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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) (Min.)	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 12-29, 1950, to 2-10, 1951, that I last saw the deceased alive on 2-14, 1951, and that death occurred at 2:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>M. S. Blauvelt, 2 D.O.</i>	23b. ADDRESS <i>Webb City, Mo</i>	23c. DATE SIGNED <i>2/16/51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 2/18/51	24c. NAME OF CEMETERY OR CREMATORY Antioch Cemetery	24d. LOCATION (City, town, or county) (State) Dade County Missouri
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DATE REC'D BY LOCAL REG. <i>Feb 12-51</i>	REGISTRAR'S SIGNATURE <i>J. L. ...</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>...</i>	ADDRESS <i>...</i>
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Certificate delayed by ...

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

No. 300
10.48
492

RECEIVED 3/20/51
Jasper County Health Office

County File Number 51-3-206

Date Filed 3/20/51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Jack C. Simpson*

Licensed Embalmer No. *4647*

P. O. Address *Webb City, 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.