

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12962

State File No. \_\_\_\_\_  
REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 209

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>Jasper</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin</b>		c. LENGTH OF STAY (in this place) <b>15 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Nursing home-3140 W. 20th</b>		d. STREET ADDRESS (If rural, give location) <b>3140 W. 20th St.</b>		<b>1495</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Grace</b>			b. (Middle) <b>Ann</b>		c. (Last) <b>Eads</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>April 27 1951</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>March 11, 1866</b>		9. AGE (In years last birthday) Months Days <b>85</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		11. BIRTHPLACE (State or foreign country) <b>Decabb County, Mo.</b>		
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>James Bradley</b>		13b. MOTHER'S MAIDEN NAME <b>Betsy Wheeler</b>		
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.		
17. INFORMANT'S SIGNATURE OR NAME <b>Fred Slagle, E. 20th St., Joplin Mo</b>		17. ADDRESS		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephritis</u></b>		
19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>		
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) m.		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 <b>3-12</b> , 19 <b>51</b> , to <b>4-27</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>4-27</b> , 19 <b>51</b> , and that death occurred at <b>8A</b> m., from the causes and on the date stated above.		23a. SIGNATURE <b>A. N. Williams M.D.</b>		
23b. ADDRESS <b>6147 rices</b>		23c. DATE SIGNED <b>4-25-51</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		
24b. DATE <b>4-29-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Blue Jacket Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Blue Jacket, Okla.</b>		
DATE REC'D BY LOCAL REG. <b>4-28-51</b>		REGISTRAR'S SIGNATURE <b>By Walter Sampson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Steve Parker Mortuary, Joplin, Mo.</b>		

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

495  
4

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 5-10-51  
Jasper County Health Office

County File Number 51/4/372  
Date Filed 5-11-51

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 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.