

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17031

State File No. ....

FILED JUN 8 1951

BIRTH NO. 201910-51 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200 Registrar's No. 261

495  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Missouri</b> b. COUNTY <b>McDonald</b>	
b. CITY OR TOWN <b>Joplin</b>		c. LENGTH OF STAY (in this place) <b>1 hr</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Joplin General Hospital</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Noel</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jack</b> b. (Middle) <b>Lee</b> c. (Last) <b>Weekes</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 31 1951</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>May 31, 1951</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Infant</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 MIN. Min. <b>1</b>
11. BIRTHPLACE (State or foreign country) <b>Joplin, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>George Weekes</b>		13b. MOTHER'S MAIDEN NAME <b>Eva Wash</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>Geo. Weekes, Rt. 1, Noel, Mo.</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart and respiratory failure</b> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES DUE TO (b) <b>enlarged thymus, enlarged</b> DUE TO (c) <b>foramen ovale</b> 2. 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  <b>7543</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) <b>SUICIDE</b>	
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>May 31 1951</b> , to <b>May 31 1951</b> , that I last saw the deceased alive on <b>May 31 1951</b> , and that death occurred at <b>12:30 P.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Ronald K. Woods M.D.</b>		23b. ADDRESS <b>521 W. 4 Joplin Mo.</b>	
23c. DATE SIGNED <b>6-4-51</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>6-1-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ozark Memorial</b>	
24d. LOCATION (City, town, or county) (State) <b>Joplin, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Steve Parker Mortuary, Joplin, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>6-6-51</b>		REGISTRAR'S SIGNATURE <b>Ed. Salata</b>	

RECEIVED 6-7-51

Jasper County Health Office

County File Number 51/5/466

Date Filed 6-7-51

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 Joblin 2nd

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.