

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26007

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 6264 Registrar's No. 43 KX

1. PLACE OF DEATH a. COUNTY <u>WEBSTER - Gank</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>WEBSTER</u>	
b. CITY OR TOWN <u>MARSHFIELD</u>		c. CITY OR TOWN <u>MARSHFIELD - Gank</u>	
c. LENGTH OF STAY (In this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>MARSHFIELD Mo. 1120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>COUNTY HOSPITAL</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOE</u> b. (Middle) _____ c. (Last) <u>JUMP</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 25 1951</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>JAN. 26, 1867</u>
9. AGE (In years) (Months) (Days) <u>84</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>FARM</u>	11. BIRTHPLACE (State or foreign country) <u>Mo.</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>FARM</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>JOHN JUMP</u>		13b. MOTHER'S MAIDEN NAME <u>SUZIE LONG</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>CLARENCE JUMP</u> ADDRESS <u>CONWAY</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pyelonephritis</u> DUE TO (c) <u>Prostatism</u> 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 <u>611X</u>	
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 <u>15 April 1951</u> , to <u>25 May 1951</u> , that I last saw the deceased alive on <u>24 May, 1951</u> , and that death occurred at <u>8:20 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Dr.</u>		23b. ADDRESS <u>Marshfield, Mo.</u>	23c. DATE SIGNED <u>6/4/51</u>
24a. BURIAL, CREMA-TION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-28-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MARSHFIELD</u>	24d. LOCATION (City, town, or county) (State) <u>MARSHFIELD MO.</u>
DATE REC'D BY LOCAL REG. <u>6/22/51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> 392	25. FUNERAL DIRECTOR'S SIGNATURE <u>BARBER-BARTO</u> ADDRESS <u>MARSHFIELD</u>	

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

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DIVISION OF HEALTH OF MD.  
District No. 5 - Springfield

RECEIVED: JUL 9 1951

Dist. File 237-1334

Date Filed 7-13-51

JUL 20 1951

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 Lo Mason.....

Licensed Embalmer No. 4568

P. O. Address Marshfield, 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.