

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27365

FILED SEP 12 1951

BIRTH NO. _____		REG. DIST. NO. <u>136</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>408</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u> <u>0495</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. LENGTH OF STAY (in this place) <u>20 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u> <u>0495</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2215 EMPIRE</u>				d. STREET ADDRESS (If rural, give location) <u>2215 EMPIRE</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rilda</u>			b. (Middle) <u>Alice</u>		c. (Last) <u>Box</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 3 1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 4, 1872</u>		9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Cassville, Mo.</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>unknown</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>		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) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fay Box, Duneweg, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>8-31-51</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> 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? <u>331X</u> YES <input type="checkbox"/> NO <input 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 <u>8-21, 1948</u> , to <u>9-3, 1951</u> , that I last saw the deceased alive on <u>8-31, 1951</u> , and that death occurred at <u>6: A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ed J. James M.D.</u>				23b. ADDRESS <u>Joplin, Missouri</u>		23c. DATE SIGNED <u>9-5-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-5-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Granby Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Granby, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>9-5-51</u>		REGISTRAR'S SIGNATURE <u>Ed J. James</u> <u>138</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Steve Parker Mortuary, Joplin, Mo.</u>			

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

RECEIVED 9-10-51

Jasper County Health Office

County File Number 51/9/712

Date Filed 9-10-51

Dr. Ed Jones

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 *Jasper 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.

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