

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27406

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

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 9001		Registrar's No. 411	
1. PLACE OF DEATH a. COUNTY Jasper 0495				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. LENGTH OF STAY (In this place) 65 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin 0495			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns				d. STREET ADDRESS (If rural, give location) 2220 Sergeant 0			
3. NAME OF DECEASED (Type or Print) a. (First) Minnie		b. (Middle) M.		c. (Last) Warren		4. DATE OF DEATH (Month) (Day) (Year) Sept. 1, 1951	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 30, 1875	
9. AGE (In years) 76		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (State or foreign country) Cuba, Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Ritter		13b. MOTHER'S MAIDEN NAME Florence Gibbons		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) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Orvall Jackson, 2206 Moffet			
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) Fracture upper end left femur				INTERVAL BETWEEN ONSET AND DEATH 3 hrs	
		ANTEREDENT CAUSE Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				E9030 20	
		- DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Right heart failure - post operative					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Necrosis upper trochanteric neck femur				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE accident yes		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Joplin Jasper Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-12-51 8 m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? fall at home pushing			
22. I hereby certify that I attended the deceased from 8-12-1951, to 9-1-1951, that I last saw the deceased alive on 9-1-1951, and that death occurred at 2:00 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. J. ... M.D.				23b. ADDRESS Joplin Nat'l Bank Bldg		23c. DATE SIGNED 9-5-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-4-1951		24c. NAME OF CEMETERY OR CREMATORY Fairview		24d. LOCATION (City, town, or county) (State) Joplin, Missouri	
DATE REC'D BY LOCAL REG. 9-9-51		REGISTRAR'S SIGNATURE Ed J. ... 138		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Steve Parker Mortuary, Joplin, Mo.			

RECEIVED 9-10-51

Jasper County Health Office

County File Number 51/9/721

Date Filed 9-10-51

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.