

FILED OCT 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30544

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 444	
1. PLACE OF DEATH a. COUNTY Jasper				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) 15 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		0475	
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman				d. STREET ADDRESS (If rural, give location) 1931 Va.			
3. NAME OF DECEASED (Type or Print)		a. (First) Julia		b. (Middle) Alice		c. (Last) Adams	
4. DATE OF DEATH				(Month) (Day) (Year) Sept. 23, 1951			
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH March 25, 1860	
9. AGE (In years last birthday) 91		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Madison County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME J. W. Shults		13b. MOTHER'S MAIDEN NAME Mabel Tridewell		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Lillian Shults, 1931 Va.			
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) Previous anemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) 2900 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☐	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept. 20, 1951, to Sept. 23, 1951, that I last saw the deceased alive on Sept. 22, 1951, and that death occurred at 12:50 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Roland T. Smith, M.D.		23b. ADDRESS D. Minor Bldg. Joplin, Mo.		23c. DATE SIGNED Sept. 26, 1951			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-25-51		24c. NAME OF CEMETERY OR CREMATORY Macedonia Cemtery		24d. LOCATION (City, town, or county) (State) Stella, Missouri	
DATE REC'D BY LOCAL REG. 9-28-51		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Steve Parker Mortuary, Joplin, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10-2-51

Jasper County Health Office

County File Number 51/10/1767

Date Filed 10-2-51

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

Joseph H. Jones

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.