

FILED DEC 4 1951

STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 5399

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

1. PLACE OF DEATH  
 a. COUNTY Jasper  
 b. CITY (If outside corporate limits, write RURAL and give town) Joplin  
 c. LENGTH OF STAY (In this place) 66 yrs  
 d. FULL NAME OF HOSPITAL OR INSTITUTION 2009 Quince

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE Missouri  
 b. COUNTY Jasper  
 c. CITY (If outside corporate limits, write RURAL and give township) Joplin  
 d. STREET ADDRESS (If rural, give location) 1811 Grand

0495  
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3. NAME OF DECEASED (Type or Print)  
 a. (First) Rachel b. (Middle) Jones c. (Last) Richmond  
 4. DATE OF DEATH (Month) (Day) (Year) Nov. 22, 1951

5. SEX Female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married  
 8. DATE OF BIRTH Nov. 6, 1883 9. AGE (In years last birthday) 68 IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HRS: 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) Greenville Tenn  
 12. CITIZENSHIP OF WHAT COUNTRY? USA

13a. FATHER'S NAME J. Paul Jones 13b. MOTHER'S MAIDEN NAME Mary Henderson 14. NAME OF HUSBAND OR WIFE W. E. Richmond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)  
 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME W. E. Richmond, 1811 Grand ADDRESS \_\_\_\_\_

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Anemia  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) Hypertensive heart disease  
 DUE TO (c) \_\_\_\_\_  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.  
 INTERVAL BETWEEN ONSET AND DEATH 3 weeks  
Unk.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO  443X

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) \_\_\_\_\_ 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 10-21, 1950, to 11-22, 1951, that I last saw the deceased alive on 11-23, 1951, and that death occurred at 4:25A m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) \_\_\_\_\_ 23b. ADDRESS Fireco Bldg. Joplin Mo 23c. DATE SIGNED 11/27/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 11-24-51 24c. NAME OF CEMETERY OR CREMATORY Mt. Hope 24d. LOCATION (City, town, or county) (State) Webb City, Missouri

DATE REC'D BY LOCAL REG. 11-29-51 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE Steve Parker Mortuary, Joplin, Mo. ADDRESS \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12-3-51  
Jasper County Health Office

County File Number 51/12/894

Date Filed 12-3-51

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 \_\_\_\_\_

*Steve Parker*

Signed.....  
Student Embalmer

Licensed Embalmer No. 25118

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.