

STANDARD CERTIFICATE OF DEATH

41981

State File No.

FILED JAN 14 1952

BIRTH NO. REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 601

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Green	
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. CITY (If outside corporate limits, write RURAL and give township) Springfield	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1035. Linwood Terrace	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns			

3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) Pling		c. (Last) Dunlop		4. DATE OF DEATH (Month) (Day) (Year) Dec. 31, 1951	
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Sept. 19, 1869	
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Statistician		10b. KIND OF BUSINESS OR INDUSTRY Mining		11. BIRTHPLACE (State or foreign country) Chatham, Canada: 2	
12. CITIZEN OF WHAT COUNTRY? USA							

13a. FATHER'S NAME Chas. C. Dunlop		13b. MOTHER'S MAIDEN NAME Sophia Cryster		14. NAME OF HUSBAND OR WIFE Marie Dunlop	
15. HAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Marie Dunlop, Springfield, Mo.	

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) Fractures, simple, complete, comminuted, of the right tibia and fibula and also the pelvis. Shock, incident to the above, from which the patient never completely recovered. ANTECEDENT CAUSE (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Generalized arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH From 11-27-51 Several years.	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 122		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street-4 th from Byers		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Joplin Jasper Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-27-51		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR Hit by Automobile	

22. I hereby certify that I attended the deceased from Nov. 27, 1951, to Dec. 31, 1951, that I last saw the deceased alive on Dec. 31, 1951, and that death occurred at 2:20P m., from the causes and on the date stated above.

23a. SIGNATURE (Name and degree or title) [Signature]		23b. ADDRESS 308 Frisco Bldg., Joplin, Mo.		23c. DATE SIGNED 2-3-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-2-1952		24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial	
24d. LOCATION (City, town, or county) (State) Joplin, Missouri					

DATE REC'D BY LOCAL REG. 1-5-52		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Steve. Parker Mortuary, Joplin, Mo.	
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RECEIVED 1-10-52

Jasper County Health Office

County File Number 52/1/26

Date Filed 1-11-52

JAN 11 1952

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. *2318*

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.