

STANDARD CERTIFICATE OF DEATH

BIRTH NO. REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127

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) Webb City		c. CITY (If outside corporate limits, write RURAL and give township) Joplin	
c. LENGTH OF STAY (In this place) 1 mos		d. STREET ADDRESS (If rural, give location) 603 W. 8th	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JANE CHINN HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) ANN b. (Middle) STAINES c. (Last) BELL			4. DATE OF DEATH (Month) (Day) (Year) 12-17-51			
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 12/14/1857	9. AGE (In years) (Months) (Days) (Hours) (Min.) 94	10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) RETIRED HOUSE DUTY	11. BIRTHPLACE (State or foreign country) ELBURN, ENGLAND	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JAMES ELLIOTT	13b. MOTHER'S MAIDEN NAME SARAH TURNER	14. NAME OF HUSBAND OR WIFE Mr. Jas L. Harrison - Missouri
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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. NO	17. INFORMANT'S SIGNATURE OR NAME Mr. Jas L. Harrison - Missouri	ADDRESS Joplin, Mo.
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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) Uremia		INTERVAL BETWEEN ONSET AND DEATH 6 days
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ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) advanced Arteriosclerosis	DUE TO (c) arteriosclerosis
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II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 446X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 12, 1951, to 12-17, 1951, that I last saw the deceased alive on 12-17, 1951, and that death occurred at 3:22 P.M., from the causes and on the date stated above.

23a. SIGNATURE J. Gregory	(Degree or title)	23b. ADDRESS Webb City, Mo.	23c. DATE SIGNED 12/18/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12/19/51	24c. NAME OF CEMETERY OR CREMATORY MT HOPE	24d. LOCATION (City, town, or county) (State) WEBB CITY MO.
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DATE REC'D BY LOCAL REG. Dec 18-51	REGISTRAR'S SIGNATURE P. L. Bruchet	25. FUNERAL DIRECTOR'S SIGNATURE HORLBAUGH JOYER MORT.	ADDRESS Joplin, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

In Civil Division - W.C.

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RECEIVED 12/24/51

Jasper County Health Office

County File Number 51/12/368

Date Filed 12/26/51

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 _____

Bob Bayer
working under my personal supervision

Student Embalmer No. 430

Signed Robert A. Bayer
Student Embalmer

Signed Bob Grover

Licensed Embalmer No. 4593

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.