

5. No. 300
EV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2425

FILED FEB. 15 1952

BIRTH NO. REG. DIST. NO. 299 PRIMARY REG. DIST. NO. 6028 Registrar's No. 2

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| 1. PLACE OF DEATH a. COUNTY Reynolds | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Reynolds | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Lesterville | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Lesterville 0900 | |
| c. LENGTH OF STAY (in this place) 35 yrs | | d. STREET ADDRESS (If rural, give location) 4 mi. west of Lesterville | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4 mi. west of Lesterville | | 4 mi. west of Lesterville | |

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| 3. NAME OF DECEASED (Type or Print), a. (First) DAVID | b. (Middle) C. | c. (Last) JOINES | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 10 1952 |
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|-------------|------------------------|--|-------------------------------|------------------------------------|--------------------------|--------------------------|
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Sept. 3 1877 | 9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR Months 3 | IF UNDER 100 Hrs. Days 7 |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY own farm | 11. BIRTHPLACE (State or foreign country) Iron Co. Mo. | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Charles Joines | 13b. MOTHER'S MAIDEN NAME Nancy Ruble | 14. NAME OF HUSBAND OR WIFE Nancy Joines |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. no | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mildred Joines, Lesterville 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Fluora cardiac failure</i> | | <i>Four hours</i> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Myocarditis</i> DUE TO (c) <i>Arthritis of back</i> | | <i>?</i> <i>?</i> |
| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 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 8-20, 1951, to 2-10, 1952, that I last saw the deceased alive on 2-6, 1952, and that death occurred at 1:30P m., from the causes and on the date stated above.

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|---|---------------------------|--------------------------|
| 23a. SIGNATURE (Degree or title) <i>J. E. Jarland, M.D.</i> | 23b. ADDRESS Ironton, Mo. | 23c. DATE SIGNED 2-11-52 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 2-13-52 | 24c. NAME OF CEMETERY OR CREMATORY Rayfield Cem. | 24d. LOCATION (City, town, or county) (State) Lesterville Mo. |
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| DATE REC'D BY LOCAL REG. 2-13-52 | REGISTRAR'S SIGNATURE <i>C. M. Embalmer</i> | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS White Funeral Home, Ironton Mo. <i>Wally White</i> |
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(Licensed Embalmer's Statement on Reverse Side)

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

05321

10/20/20 5:12 PM

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Arvid J. White

Licensed Embalmer No. 3012

P. O. Address Imperial, Wis.

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.