S. No. 300
Rev. 10.48

FILED APR 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13306

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2008 Registrar's No. 967

0495 1

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (In this place): 80 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1802 Moffet

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin 0495
d. STREET ADDRESS (If rural, give location): 1802 Moffet

3. NAME OF DECEASED (Type or Print)
a. (First): Mellie
b. (Middle): Elizabeth
c. (Last): Cox

4. DATE OF DEATH (Month) (Day) (Year): April 8, 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Nov. 11, 1864
9. AGE (In years last birthday): 87 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): --
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Butler County, Ohio
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Carter Smith
13b. MOTHER'S MAIDEN NAME: Mary Jane Snider
14. NAME OF HUSBAND OR WIFE: --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Mrs. A. N. Alderman
ADDRESS: 1802 Moffet

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Generalized arteriosclerosis, unknown and hypertension

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 447X
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* 9-21, 1950, *to* 4-8, 1952 *that I last saw the deceased alive on* 4-8, 1952 *and that death occurred at* 9a m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. L. Lewis (Degree or title) MD
23b. ADDRESS: Frisco Bldg, Joplin Mo
23c. DATE SIGNED: 4-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-10-52
24c. NAME OF CEMETERY OR CREMATORY: Forest Park
24d. LOCATION (City, town, or county) (State): Joplin Missouri

DATE REC'D BY LOCAL REG.: 4-10-52
REGISTRAR'S SIGNATURE: Ted D. James 138-0 by Delores Lemkins
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Steve Parker Mortuary, Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 4-14-52
Jasper County Health Office

County File Number 52/4/297

Date Filed 4-14-52

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

Signed _____
Student Embalmer

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.