No. 300
10.48

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

SEP 10 1952
9-10-52

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28460
State File No. 37-52-004
Local Reg. Dist. No. 369

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 369

1. PLACE OF DEATH
a. COUNTY: Jasper 0495
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place): 2 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Freeman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Jasper 0495
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
d. STREET ADDRESS (If rural, give location): 2701 Virginia

3. NAME OF DECEASED (Type or Print)
a. (First): Martha
b. (Middle): Jo
c. (Last): Johnston

4. DATE OF DEATH (Month) (Day) (Year): August 19, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 2
8. DATE OF BIRTH: April 7, 1853
9. AGE (In years last birthday): 99 — 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: Retired
11. BIRTHPLACE (State or foreign country): Du Quoin, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Minor Wilks
13b. MOTHER'S MAIDEN NAME: ------ Jones
14. NAME OF HUSBAND OR WIFE: ---

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.: unk
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Urias Johnston, 2702 Virginia

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): Fracture of Hip — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES

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

DUE TO (b)

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
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): JOPLIN JASPER Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 19, 1952 2 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Patient fell

22. I hereby certify that I attended the deceased from Aug 19, 1952 to Aug 19, 1952 that I last saw the deceased alive on Aug 19, 1952 and that death occurred at 4:56 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Ralph E. Meinhardt M.D.
23b. ADDRESS: 410 Jackson, Joplin Mo.
23c. DATE SIGNED: 8-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-21-52
24c. NAME OF CEMETERY OR CREMATORY: Forest Park
24d. LOCATION (City, town, or county) (State): Joplin, Missouri

DATE REC'D BY LOCAL REG.: 8-28-52
REGISTRAR'S SIGNATURE: Ed O James 138 by Odessa Lamkindore
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Steve Parker Mortuary, Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9-9-52
Jasper County Health Office

County File Number 52/9/695

Date Filed 9-9-52

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 .....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

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.