

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32022**

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 417

0445

0495

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| 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) OR TOWN Joplin | | c. LENGTH OF STAY (in this place) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital D.O. | | d. STREET ADDRESS (If rural, give location) 1331 Virginia Ave., | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Goldia b. (Middle) B. c. (Last) Jones | | | 4. DATE OF DEATH (Month) (Day) (Year) 9-18-1952 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 1-13-1903 |
| 9. AGE (In years last birthday) 49 | | # UNDER 1 YEAR Months | # UNDER 1 HR. 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 Homemaking | 11. BIRTHPLACE (City and State or Foreign Country) Central City, Missouri |
| 12. CITIZEN OF WHAT COUNTRY? U. S. | | | |
| 13a. FATHER'S NAME Walter Sanders | | 13b. MOTHER'S MAIDEN NAME Arvilla Cole | 14. NAME OF HUSBAND OR WIFE Ralph Jones, Deceased |
| 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. None | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Arvilla Sanders, Joplin, Mo. |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Block ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) None DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4330 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from 11-17 1951 , to 9-18 1952 , that I last saw the deceased alive on 6-30-52 , and that death occurred at 10:00a m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <i>[Signature]</i> | | 23b. ADDRESS 1321 Frisco Bldg., Joplin, Mo. | 23c. DATE SIGNED 9-19-52 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 9-22-52 | 24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park | 24d. LOCATION (City, town, or county) (State) Joplin, Missouri |
| DATE REC'D BY LOCAL REG. 9-22-52 | REGISTRAR'S SIGNATURE <i>[Signature]</i> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Steve Parker Mortuary, Joplin, Mo. | |

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

RECEIVED 9-29-52
Jasper County Health Office

County File Number 52/9/752

Date Filed 9-29-52

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 David Dillon

Licensed Embalmer No. 3895

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.