

FILED SEP 24 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

32024

State File No. _____

BIRTH NO. 61635 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 408

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Joplin</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Joplin</u>	c. LENGTH OF STAY (in this place) <u>1 day</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u> <u>0730</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rt # 2., Seneca, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Vickie</u> b. (Middle) <u>Lee</u> (Last) <u>Jones</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-7-1952</u>
--	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Sept 6, 1952</u>	9. AGE (in years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>1</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
----------------------	-------------------------------	---	--------------------------------------	--	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Joplin, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? _____
--	---	---	------------------------------------

13a. FATHER'S NAME <u>Iron Lee Jones</u>	13b. MOTHER'S MAIDEN NAME <u>Flourance Katherine Davis</u>	14. NAME OF HUSBAND OR WIFE _____
--	--	-----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, specify or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Iron Lee Jones</u> ADDRESS <u>Rt # 2., Seneca, Mo.</u>
--	-------------------------------------	---

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) <u>new Born Cerebral Edema</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u> DUE TO (c) <u>none</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) <u>7600</u>
--	--	---

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? _____
---	--	----------------------------------

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. L. Ferguson MD</u>	23b. ADDRESS <u>Friend Bldg Joplin</u>	23c. DATE SIGNED <u>Sept 9</u>
---	--	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-10-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hornet Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Hornet, Mo.</u>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>9-15-52</u>	REGISTRAR'S SIGNATURE <u>Ed. O. James</u> 138	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frankell Dillon Mort.</u> ADDRESS <u>Joplin Mo</u>
---	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

0490

RECEIVED 9-22-52
Jasper County Health Office

County File Number 52/9/736

Date Filed 9-22-52

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 Paula Rose Lee

Licensed Embalmer No. 3590

P. O. Address Jasper, 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.