No. 300
10-48

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

FILED NOV 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39195

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5578 Registrar's No. 177

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): DUENWEG
c. LENGTH OF STAY (In this place): 10 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DUENWEG Joplin Mo

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): DUENWEG 0490 n
d. STREET ADDRESS (If rural, give location): DUENWEG

3. NAME OF DECEASED (Type or Print)
a. (First): NEIL
b. (Middle): CLIFTON
c. (Last): JONES

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

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: SEPT. 4, 1898
9. AGE (In years last birthday): 54 — 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): CHIROPODIST
10b. KIND OF BUSINESS OR INDUSTRY: SAME
11. BIRTHPLACE (City and State or Foreign Country): ARKANSAS
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: W. H. JONES
13b. MOTHER'S MAIDEN NAME: VIOLA KESLEW
14. NAME OF HUSBAND OR WIFE: NORA JONES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNK — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNK
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: NORA JONES, DUENWEG, MISSOURI

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) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

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

DUE TO (b) Coronary Occlusion — 24 hrs

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: 4201
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* 11-4, 19 52, *to* 11-4, 19 52, *that I last saw the deceased alive on* 11-4, 19 52 *and that death occurred at* 10 10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John W. Korbler, MD
23b. ADDRESS: 805 Frisco Bldg. Joplin Mo
23c. DATE SIGNED: 11-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 11-8-52
24c. NAME OF CEMETERY OR CREMATORY: STERLING CEM.
24d. LOCATION (City, town, or county) (State): JOPLIN (ATLAS) Mo.

DATE REC'D BY LOCAL REG.: 11-7-52
REGISTRAR'S SIGNATURE: 4740.9 Mrs. Madeline Switzer
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: STEVE PARKER MORTUARY, JOPLIN, MO.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11-17-52
Jasper County Health Office

County File Number 52/11/880

Date Filed 11-17-52

JAN 8 1953

MAY 25 1953

MAY 28 1953

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.