

5. No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1834**

FILED JAN 27 1953

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>82378</u>			
1. PLACE OF DEATH a. COUNTY <b>JASPER</b>				2. USUAL RESIDENCE (Where deceased lived; if institution, residence before death) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JOPLIN</b>		c. LENGTH OF STAY (In this place) <b>YRS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JOPLIN</b>		d. STREET ADDRESS (If rural, give location) <b>1107 EAST 2ND</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1107 EAST 2ND</b>				d. STREET ADDRESS (If rural, give location) <b>1107 EAST 2ND</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>THOMAS</b>			b. (Middle) <b>FOREBT</b>		c. (Last) <b>FOUNTAIN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 15 1953</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>FEB 5, 1890</b>		9. AGE (In years, last birthday) <b>62</b> IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PAINTER</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>SAME</b>		11. BIRTHPLACE (State or foreign country) <b>SMITHFIELD, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>JONATHAN FOUNTAIN</b>			13b. MOTHER'S MAIDEN NAME <b>MINNIE HAWKINS</b>			14. NAME OF HUSBAND OR WIFE <b>EFFIE FOUNTAIN</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>UNK</b>			16. SOCIAL SECURITY NO. <b>UNK</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>EFFIE FOUNTAIN, 1107 EAST 2ND</b>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiomyopathy &amp; Hypertension &amp; Arteriosclerosis Heart Disease</u> 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.						INTERVAL BETWEEN ONSET AND DEATH <b>5 Years</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4200</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (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 <u>Feb</u> , 19 <u>51</u> , to <u>Jan 15</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Jan 14</u> , 19 <u>53</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <b>421 Frisco Bldg, Joplin, Mo</b>		23c. DATE SIGNED <b>1/16/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>1-17-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>OZARK MEMORIAL</b>		24d. LOCATION (City, town, or county) (State) <b>JOPLIN, MISSOURI</b>			
DATE REC'D BY LOCAL REG. <b>1-19-53</b>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <b>138</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>					

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

(Licensed Embalmers' Statement on Reverse Side)

RECEIVED 1-26-53  
Jasper County Health Office

County File Number 53/1/75

Date Filed 1-26-53

FEB 18 1953

JAN 30 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

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.