

No. 300 FILED JUL 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25364

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 221

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
c. LENGTH OF STAY (In this place) 6 Yrs		d. STREET ADDRESS (If rural, give location) 3135 East 7th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. St. John's Hospital			
3. NAME OF DECEASED a. (First) Jess b. (Middle) Lee c. (Last) CANNON		4. DATE OF DEATH (Month) (Day) (Year) July 7, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 13, 1911
9. AGE (In years last birthday) 41		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal Worker	11. BIRTHPLACE (State or foreign country) Graham, Oklahoma
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal Worker		10b. KIND OF BUSINESS OR INDUSTRY Automotive Parts	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Ollie Cannon		13b. MOTHER'S MAIDEN NAME Hettie Mash	14. NAME OF HUSBAND OR WIFE Norma Cannon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 441-03-6729	17. INFORMANT'S SIGNATURE OR NAME Ollie Cannon ADDRESS Baxter Springs, Kansas	
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, ashenia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GUN SHOT WOUND CHEST - 25 CAL.		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) INFLECTED BY PARTY OR PARTIES DUE TO (c) UNKNOWN - (CORONER'S JURY VERDICT)			
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 E981X		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) HOMICIDE	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) 10 7 53 10th m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? SHOT IN CHEST SUSTAINING LACERATION OF PULMONARY VEN (LEFT).	
22. I hereby certify that I attended the deceased from DEAD AND APPROVAL AT ST. JOHN'S HOSPITAL I last saw the deceased alive on _____, 19____, and that death occurred at 11:15 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Wesley W. Comer, Coroner of Jasper County		23b. ADDRESS FIRST NATL BLDG. JOPLIN, MO.	23c. DATE SIGNED 7-10-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE July 8, 1953	24c. NAME OF CEMETERY OR CREMATORY Wene Funeral Home	24d. LOCATION (City, town, or county) (State) Baxter Springs, Kansas
DATE REC'D BY LOCAL REG. 7-15-53	REGISTRAR'S SIGNATURE Ed S. James	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Mort Joplin, Mo.	

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

495
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RECEIVED 7-23-53
Jasper County Health Office
County File Number 604
Date Filed 7-23

JUL 24 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.

Signed.....
Student Embalmer

Signed W. E. Huddleston
Student Embalmer No.
Licensed Embalmer No. 4770
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.