

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1716

State File No.

FILED FEB 9 1954

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 50

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

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 town or township) JOPLIN		c. LENGTH OF STAY (In this place) YRS		c. CITY OR TOWN JOPLIN		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1402 VALLEY				e. STREET ADDRESS (If rural, give location) 1402 VALLEY 0495					
3. NAME OF DECEASED (Type or Print) a. (First) JENNIE			b. (Middle) F.		c. (Last) NANCE		4. DATE OF DEATH (Month) (Day) (Year) JAN. 28, 1954		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED		8. DATE OF BIRTH NOV 25, 1879		9. AGE (In years last birthday) 74 IF UNDER 1 YEAR: Months 02 Days 27 IF UNDER 24 HRS. Hours 00 Min. 00	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE MSLEY			10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (City, town, State, or foreign country) SMITHFIELD, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME WILLIAM GRIMSLEY			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE MRS SYLVIA LANG, 1502 KENTUCKY			
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS SYLVIA LANG, 1502 KENTUCKY				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE ANTECEDENT CAUSES Morbid conditions; if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSIVE DISEASE DUE TO (c) ARTERIOSCLEROSIS				INTERVAL BETWEEN ONSET AND DEATH 100-125 SEVERAL YEARS. SEVERAL YEARS.	
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) 331X					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____			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 MAY 28, 1953 , to JAN 28, 1954 , that I last saw the deceased alive on JAN 28, 1954 , and that death occurred at 12:00 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE J. Parker M.D. (Doctor or title)				23b. ADDRESS 530 1/2 Main Joplin Mo		23c. DATE SIGNED 2-1-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-30-54		24c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK		24d. LOCATION (City, town, or county) (State) JOPLIN, MO.			
DATE REC'D BY LOCAL REG. 2-3-54		REGISTRAR'S SIGNATURE Ed N. James 138-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.					

RECEIVED FEB 8 1954

Jasper County Health Office

County File Number 54-2-102

Date Filed FEB 8 1954

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.....
Signature of Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 23

P. O. Address Joplin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.