

FILED MAY 4 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12401

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>186</u>	
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>JASPER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>		c. LENGTH OF STAY (In this place) <u>LJA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL RT#1; CARTHAGE</u>		0490	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST JOHNS HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>RT#4</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MARIA</u>		b. (Middle) <u>BELL</u>		c. (Last) <u>HUGHES</u>	
4. DATE OF DEATH		(Month) <u>APRIL</u>		(Day) <u>27</u>		(Year) <u>1954</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>APRIL 3, 1870</u>	
9. AGE (In years last birthday) <u>84</u>		10. MONTHS <u>0</u>		11. DAYS <u>22</u>		12. IF UNDER 1 YEAR Hours <u>22</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>NORBORNE, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>JAMES EDWARD</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH SNODY</u>		14. NAME OF HUSBAND OR WIFE <u>MRS H.S. JENKINS RT#4 CARTHAGE, MO</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown). (If yes, give war or dates of service) <u>NONE</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS H.S. JENKINS RT#4 CARTHAGE, MO</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). <u>Myocardial Infarction</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 minutes</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Arterio sclerotic heart disease</u>				?	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) _____					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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>2-5</u> , 19 <u>54</u> , to <u>5-27</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>5-27</u> , 19 <u>54</u> , and that death occurred at <u>5:40 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>				23b. ADDRESS <u>617 Frisco Bldg. Joplin, Missouri</u>		23c. DATE SIGNED <u>4-29-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-30 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CARTERVILLE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CARTERVILLE MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>5-1-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAY 3 1954  
Jasper County Health Office  
County File Number 54-5-340  
Date Filed MAY 3 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 .....  
Student Embalmer

Signed

*Richard Gray Lee*

Licensed Embalmer No. *7495*

P. O. Address *Webb City*

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.