

FILED OCT 19 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34319

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200 Registrar's No. 498

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). 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>1 Year</b>	c. CITY OR TOWN <b>Joplin</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>224 Jackson Avenue</b>		• STREET ADDRESS (If rural, give location) <b>224 Jackson Avenue</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>Carrie</b>	b. (Middle) <b>Belle</b>	c. (Last) <b>JONES</b>	Sept	29	1954

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>November 12, 1881</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home Making</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Wier, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	

13a. FATHER'S NAME <b>Ed Broadhurst</b>	13b. MOTHER'S MAIDEN NAME <b>Julia Houser</b>	14. NAME OF HUSBAND OR WIFE <b>Guy Jones</b>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Guy Jones</b>	ADDRESS <b>224 Jackson Ave. Joplin, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis, Acute</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Arterio sclerosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>		INTERVAL BETWEEN ONSET AND DEATH <b>40 minutes</b>
---	---	--	---

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	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 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 Sept. 19, 5:55 PM, 1954, to 6 PM, Sept. 29, 1954, that I last saw the deceased alive on Sept 29, 1954, and that death occurred at 6:00Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>John D. Maddox M.D.</b>	23b. ADDRESS <b>SIXTH PEARL AVE. Joplin, Mo.</b>	23c. DATE SIGNED <b>Oct. 5, 1954</b>
--	---	---

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Oct 2, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Highland Park Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Pittsburg, Kansas</b>
---	---------------------------------	---	---

DATE REC'D BY LOCAL REG. <b>10-12-54</b>	REGISTRAR'S SIGNATURE <b>Ed S. Payne 138</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Thornhill-Dillon Mort</b>	ADDRESS <b>Joplin, Mo.</b>
---	---	--	-------------------------------

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

NOV 20 1938

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 *[Handwritten Signature]*

Licensed Embalmer No. 4770

P. O. Address *[Handwritten Address]*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.