

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>25</u>			
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u>				b. COUNTY <u>8150</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>18 Months</u>		c. CITY OR TOWN <u>Wichita</u>		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 <u>Treeman Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>1840 Mc Carmick Ave</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Guy</u>			b. (Middle) <u>Watson</u>		c. (Last) <u>Jones</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-22-1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 27 1899</u>		9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work during most of working life, or if retired) <u>Matrona Railway</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sheedon Mo.</u>		12. CITIZENSHIP OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>Josiah Jones</u>			13b. MOTHER'S MAIDEN NAME <u>Adeline Mc Colgan</u>		14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give branch and dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-01-4258A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harold Jones</u>				ADDRESS <u>West City, Mo</u>	
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH		
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subarachnoid Hemorrhage</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.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>330X</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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>11/16</u> , 19 <u>54</u> , to <u>1/22</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1/22</u> , 19 <u>55</u> , and that death occurred at <u>6:40p</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>John W. Kochel, M.D.</u>				23b. ADDRESS <u>805 Frisco Bldg. Joplin, Mo.</u>		23c. DATE SIGNED <u>1-26-55</u>			
24a. DATE OF CREMATION (Specify) <u>Removal</u>		24b. DATE <u>1-25-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Pittsburg Mo.</u>				
DATE REC'D BY LOCAL REG. <u>2-3-55</u>		REGISTRAR'S SIGNATURE <u>Ed A. James</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>by Saladin Lanphier & Thornhill-Dillon</u>		ADDRESS <u>Joplin, Mo</u>			

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

Date Filed
FEB 7 1955

FEB 9 1955

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 *David Dallon*

Licensed Embalmer No. 389

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