

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19126**

FILED JUL 12 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 274

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jaaper County</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Joplin</u>	c. LENGTH OF STAY (in this place) <u>5 days</u>	c. CITY OR TOWN <u>Monett</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Johns Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>R.R.# 1</u>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>William</u> b. (Middle) <u>McPherson</u> c. (Last) <u>Jiant</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>July, 4, 1955</u>
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<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Jan, 9, 1864</u>	<b>9. AGE</b> (In years last birthday) <u>91</u>	<b>IF UNDER 1 YEAR</b> Months <u>5</u> Days <u>25</u>	<b>IF UNDER 24 HRS.</b> Hours <u></u> Min. <u></u>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Rancher retired</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Ranching</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Russeville Kentucky</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>Hampton Jiant</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary Orndoff</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Jody Ellen Jiant</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Jody Ellen Jiant</u>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Myocardial Infarction</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>2 days</u> <u>5 days</u>
	<b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
	DUE TO (c) <u>hypertension</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Some arterio sclerosis generalized. Bilateral infarcted kidneys complete</u>			

<b>19a. DATE OF OPERATION</b> <u>7-2-55</u>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>Arteriosclerosis of hyp femoral neck -</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>accident</u>	<b>21b. PLACE OF INJURY</b> (e.g. in or about home, farm, factory, street, office bldg., etc.) <u>home patient</u>	<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> <u>Monett</u> (COUNTY) <u>Barry</u> (STATE) <u>Missouri</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>6-27-55</u> m. <u></u>	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>fall at home of relatives</u>
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22. I hereby certify that I attended the deceased from 6-30- 1955, to 7-4- 1955, that I last saw the deceased alive on 7-4- 1955, and that death occurred at 2:00 m., from the causes and on the date stated above.

<b>23a. SIGNATURE:</b> <u>W. W. Winkler</u> (Degree or title) <u>M.D.</u>	<b>23b. ADDRESS</b> <u>1011 N. 1st St. Joplin, Mo.</u>	<b>23c. DATE SIGNED</b> <u>7/7/55</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>	<b>24b. DATE</b> <u>7-5-55</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Evergreen Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Fayetteville, Ark.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>7-9-55</u>	<b>REGISTRAR'S SIGNATURE</b> <u>James H. ...</u>	<b>GENERAL DIRECTOR'S SIGNATURE</b> <u>Samuel D. ...</u>	<b>ADDRESS</b> <u>...</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed  
JUL 11 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 Dillon*.....

Licensed Embalmer No. 389

P. O. Address *John No.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.