

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26671

State File No. ....

FILED SEP 13 1955

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>200L</u>		Registrar's No. <u>362</u>	
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 OR TOWN <b>JOPLIN</b> )		c. LENGTH OF STAY (in this place) <b>4 HRS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JOPLIN</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>FREEMAN HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>1214 WEST 9TH ST.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>LOIS</b>			b. (Middle) <b>IRENE</b>		c. (Last) <b>GUSS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT. 1, 1955</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>OCT. 25, 1917</b>	9. AGE (In years last birthday) <b>37</b>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>		11. BIRTHPLACE (State or foreign country) <b>CHELSEA, OKLA.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>B. M. CORNETT</b>			13b. MOTHER'S MAIDEN NAME <b>ERTA MARTIN</b>		14. NAME OF HUSBAND OR WIFE <b>MARSHALL L. GUSS</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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MARSHALL L. GUSS, 1214 W. 9TH ST.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac dilation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatic fever</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <b>4h -</b> <b>unk -</b>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" 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) <b>Joplin Jasper Missouri</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		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>9-1, 1955</u> to <u>9-1, 1955</u> , that I last saw the deceased alive on <u>9-1, 1955</u> , and that death occurred at <u>12:00 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Alice Hillborn MD</i>				23b. ADDRESS <b>1923 Sergeant, Joplin</b>		23c. DATE SIGNED <b>9-2-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>9-1-55</b>	24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <b>SPRINGDALE, ARK.</b>		
DATE REC'D BY LOCAL REG. <b>9-2-55</b>		REGISTRAR'S SIGNATURE <i>Dr. P. James</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>			

MARSHALL L. JONES  
 1514 WEST 9TH ST.  
 SEPT. 1, 1908  
 OCT. 22, 1915  
 OKLA., OKLA.  
 MARSHALL L. JONES  
 1514 WEST 9TH ST.

MRS. J. JONES  
 FARMER HOSPITAL  
 FARMER  
 WASHED  
 OWN HOME  
 MRS. J. JONES  
 MRS. J. JONES

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *F. M. Jones*  
Licensed Embalmer No. *2519*

P. O. Address *Joplin*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

JAN 1915