

Health,  
& Welfare  
S. Public  
th Service

FILED DEC 11 1957

STANDARD CERTIFICATE OF DEATH

40798  
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 5771

S. 300  
v. 1-57  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.  
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Freeman Hospital		Length of stay in lb 66 Yrs	d. STREET ADDRESS (If outside, give location) 2515 Tyler Ave		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last LAURA BELL JONES			4. DATE OF DEATH Month Day Year 11-29-1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-7-1882	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY homemaking	11. BIRTHPLACE (City and state or country) Henry County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Peter Madden		13b. MOTHER'S MAIDEN NAME Betty Billew	14. NAME OF HUSBAND OR WIFE Charles Jones, (Deceased)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs Robert Dickerson, 1806 Bird Joplin, Mo		
18. CAUSE OF DEATH (Enter only one cause per type for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia, Left Lower Lobe</u>					INTERVAL BETWEEN ONSET AND DEATH <u>48 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					<u>490X</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not listed as the terminal disease condition given in PART I (a) <u>Marfan's - 4 day duration</u> <u>Pericardial Anemia - duration = ?</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour . Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <u>Dec. 28, 1956</u> to <u>Nov. 29, 1957</u> and last saw her alive on <u>Nov. 29, 1957</u> Death occurred at <u>1:55 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Joliet K. Kelleher MD</u>			22b. ADDRESS <u>805 Financial Reserve Bldg Joplin, Mo.</u>		22c. DATE SIGNED <u>12-2-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE <u>Dec 2, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Forest Park Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u>	
24. FUNERAL DIRECTOR Thornhill-Dillon Mort		ADDRESS Joplin, Mo	25. DATE RECD. BY LOCAL REG. <u>12-4-1957</u>	26. REGISTRAR'S SIGNATURE <u>Dove Merriam</u>	

DEER COUNTY HEALTH DEPARTMENT  
County File Number 57-13-1005  
DEC 9 1957  
Date Filed

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 *William E. Audleston*

Licensed Embalmer No. *4770*  
P. O. Address *Joplin, 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.