

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40799
STATE FILE NUMBER

FILED DEC 6 - 1957

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 564

S. 300
v. 1-57

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 417 East 23rd St		Length of stay in lb 49 Years	d. STREET ADDRESS (If outside, give location) 417 E. 23rd St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last OCTAVIA JONES			4. DATE OF DEATH 11-24-1957 Month Day Year			
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 8-20-1878	9. AGE (In years last birthday) 79 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) Lamorsch, France		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Frank LaRue		13b. MOTHER'S MAIDEN NAME Octavia Marshall		14. NAME OF HUSBAND OR WIFE William Hauser Jones (Dec'd)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None None		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Records on File Thornhill-Dillon Mortuary			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Circulatory Failure					INTERVAL BETWEEN ONSET AND DEATH 2 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Decompensated Hypertensive Heart Disease					Months	
DUE TO (c) Arteriosclerosis					Years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443X						
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
20a. ACCIDENT SUICIDE HOMICIDE None <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None				
20c. TIME OF INJURY None		20d. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) None				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION None		COUNTY STATE		
21. I attended the deceased from 8-13-57 to 11-24-57 and last saw her alive on 11-24-57 Death occurred at 6:05 P. m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) J. E. Stephens, J.D.			22b. ADDRESS 211 W. 20th Joplin Mo.		22c. DATE SIGNED 11-26-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-26-1957	23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		23d. LOCATION (City, town, or county) (State) Joplin Missouri	
24. FUNERAL DIRECTOR Thornhill-Dillon Mortuary Joplin, Mo			25. DATE RECD. BY LOCAL REG. 11-29-1957		26. REGISTRAR'S SIGNATURE Dovie Merriam	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

County Health Office
County File Number 57-13-986
Date Filed DEC 3 1957

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 DeLeon*

Licensed Embalmer No. *3898*
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.