

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026030

FILED AUG 12 1958

Registration District No. 156 Primary Registration District No. 2001 STATE FILE NUMBER 5381 Registrar's No. 377

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Jasper</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jasper</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Joplin SHOOT CREEK</i>		c. CITY OR TOWN <i>Joplin 0490</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>3 mi. S & 1 mi E</i>		d. STREET ADDRESS (If outside, give location) <i>Rt # 2 Joplin</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Minnie Annie Brown Jeans</i>		4. DATE OF DEATH Month Day Year <i>7-23-58</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>May 4, 1876</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Homemaking</i>	11. BIRTHPLACE (City and state or country) <i>Pettis County, Mo.</i>
13a. FATHER'S NAME <i>D. M. Brown</i>		13b. MOTHER'S MAIDEN NAME <i>Nancy Warren</i>	14. NAME OF HUSBAND OR WIFE <i>Robert A.</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year, if unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT Address <i>Roy Jeans Rt # 2 Joplin, Mo.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Uremia</i>			INTERVAL BETWEEN ONSET AND DEATH <i>one week</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Generalized arthritis--10 years</i> <i>Chronic thrombophlebitis of left lower extremity-1 year</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>2</i>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 WORK <input type="checkbox"/> 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 <i>Clinic</i> Dec. 1948. July, 1958 and last saw him alive on <i>July 9, 1958</i> Death occurred at <i>approximately 10 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>B. E. Dettar, Jr., M.D.</i>		22b. ADDRESS <i>410 Jackson, Joplin, Mo.</i>	
22c. DATE SIGNED <i>8-2-58</i>			
23a. BURIAL, CREMATION, or SHOWN (Specify)		23b. DATE	
<i>Burial</i>		<i>7-25-58</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Stonewall</i>		23d. LOCATION (City, town, or county) (State) <i>Dunaway, Mo.</i>	
24. FUNERAL DIRECTOR <i>Burnhill-Dillon Joplin, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>8-5-1958</i>	
26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i>			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 D. H. Huddleston

Licensed Embalmer No. 4770

P. O. Address Joslin, N.

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.