

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009879
STATE FILE NUMBER

Health,
Welfare
Public
Service

300
-57

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 139

FILED MAR 19 1959

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joplin</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Joplin</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1852 West 20th St.</u>		Length of stay in lb <u>9 Years</u>	d. STREET ADDRESS (If outside, give location) <u>1852 West 20th St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Edward</u> Middle <u>W.</u> Last <u>Jones</u>			4. DATE OF DEATH Month <u>March</u> Day <u>4</u> Year <u>1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb 14, 1886</u>	9. AGE (In years last birthday) <u>73</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> IF UNDER 24 HRS.: Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Soldier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Military</u>	11. BIRTHPLACE (City and state or country) <u>Dade County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Joel Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Parks</u>		14. NAME OF HUSBAND OR WIFE <u>Lucinda Jones</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes From 1905 to 1931</u>		16. SOCIAL SECURITY NO. <u>458-22-3621</u>		17. INFORMANT Address <u>Mrs. Lucinda Jones Joplin, Missouri.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Rupture right atrium</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Metastatic Carcinoma pulmonary bilateral</u> DUE TO (c) <u>Primary carcinoma of the tongue</u>				<u>1419</u> <u>18 mnths</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) <u>Metastatic carcinoma of the liver superimposed on advanced cirrhosis of the liver. Hob-nail Liver</u>				19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <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>Sept 1957</u> to <u>Mar. 4, 1959</u> and last saw ^{her} him alive on <u>Mar. 3, 1959</u> Death occurred at <u>01:20 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>[Signature]</u>			22b. ADDRESS <u>2 D.O. 709 Joplin St., Joplin, Mo</u>		22c. DATE SIGNED <u>3-6-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>March 7, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Osborne Mem Park</u>		23d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u>
24. FUNERAL DIRECTOR <u>Hurlbut-Glover Mortuary</u>		ADDRESS <u>Joplin, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-12-1959</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 1 9 1959

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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 *Dale Glover*

Licensed Embalmer No. *4593*

P. O. Address *Joplin*

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.