

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019817

FILED VS JUN 3 1960 156

Primary Registration District No. 2001 Registrar's No. 265

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE MISSOURI COUNTY JASPER			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Length of stay in 1b 40 YRS		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 305 HIGH STREET			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 305 HIGH STREET			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last STANFIELD SEBASTIAN JONES				4. DATE OF DEATH Month Day Year MAY 19, 1960			
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4-21-1900	9. AGE (last birthday) 60	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done Origin of earnings, if even if retired) OWNED & OPERATED - HORSESHOE RESTAURANT		10b. KIND OF BUSINESS OR INDUSTRY FRANKLIN, TEX.		11. BIRTHPLACE (City and state or country) U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME CHARLES P. JONES			13b. MOTHER'S MAIDEN NAME ALICE BIBEE		14. NAME OF HUSBAND OR WIFE LORA BELLE JONES		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. UNK	17. INFORMANT Address MRS. LORA BELLE JONES, 305 HIGH ST., JOPLIN, MO.				
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>Arterio Sclerotic Heart Disease</u> 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) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
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 a.m. p.m. Month, Day, Year							
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>4-26-60</u> to <u>5-17-60</u> and last saw her/him alive on <u>5-17-60</u> Death occurred at <u>7:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>[Signature]</i> (Degree, title) MD				22b. ADDRESS 302 Medical Arts Bldg Joplin, Mo.		22c. DATE SIGNED 5-21	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5-21-60	23c. NAME OF CEMETERY OR CREMATORY LEE CEMETERY, 2 MI. S.E. OF SOUTHWEST CITY,		23d. LOCATION (City, town, or county) (State) MO.			
24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.			25. DATE RECD. BY LOCAL REG. 5-25-1960	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.