

No. 300  
10.48

FILED JAN 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1558

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 21

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, write RURAL and give township) JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) Jonlin	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) 1311 1/2 Pennsylvania	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST JOHN'S 0			

3. NAME OF DECEASED (Type or Print) a. (First) JERRY b. (Middle) DILBECK c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 1 - 11 - 49
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) CHILD	8. DATE OF BIRTH 9-12-47	9. AGE (in years last birthday) 1	IF UNDER 1 YEAR Months 3	IF UNDER 1 YEAR Days 29	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (Child) None	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Jonlin, Missouri 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Desmond Dilbeck	13b. MOTHER'S MAIDEN NAME Dorothy Kelbassa	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If rec, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME Desmond Dilbeck, Jonlin, Mo	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 36 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Broncho-pneumonia		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		491	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 11, 1949, to Jan 11, 1949, that I last saw the deceased alive on Jan 11, 1949, and that death occurred at 1 P. m., from the causes and on the date stated above.

23a. SIGNATURE Ernest Mitchell MD	(Degree or title)	23b. ADDRESS Joplin Mo	23c. DATE SIGNED 1-11-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-13-49	24c. NAME OF CEMETERY OR CREMATORY Forest Park	24d. LOCATION (City, town, or county) (State) Jonlin Missouri
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DATE REC'D BY LOCAL REG. 1-14-49	REGISTRAR'S SIGNATURE Ed S. James 138	25. FUNERAL DIRECTOR'S SIGNATURE PARKER-HUNSAKER, JOPLIN, MO	ADDRESS
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by Dolores Sampson Dr. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.

Signed F. M. Jones

Signed.....  
Student Embalmer

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 comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.