

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

30761

State File No.

No. 300
10-48

FILED SEP 26 1949

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BIRTH NO. 50015-49 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 388

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) OR TOWN Joplin		c. LENGTH OF STAY (In this place) 20 Days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		81 2 50
d. FULL NAME OF HOSPITAL OR INSTITUTION 1			d. STREET ADDRESS (If rural, give location) 1513 Grand		

3. NAME OF DECEASED (Type or Print) Kenneth			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Sept 2, 1949		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH August 13, 1949		9. AGE (In years last birthday) (Months) (Days) 20	IF UNDER 1 YEAR Hours	IF UNDER 18 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Joplin, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Nile Green		13b. MOTHER'S MAIDEN NAME Margaret Graham		14. NAME OF HUSBAND OR WIFE			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nile Green, 1513 Grand, Joplin Mo			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration pneumonia					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					7635

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 Aug 13, 1949, to Sept 2, 1949, that I last saw the deceased alive on Sept 2, 1949, and that death occurred at 7:58 a.m., from the causes and on the date stated above.

23a. SIGNATURE John E. Burch, M.D.		23b. ADDRESS 804 Bruce Bldg, Joplin, Mo		23c. DATE SIGNED 3 Sept '49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/3/1949	24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial	24d. LOCATION (City, town, or county) (State) Joplin, Missouri		
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DATE REC'D BY LOCAL REG. 9-8-49		REGISTRAR'S SIGNATURE Ed. S. James		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker-Hunsaker Mortuary Joplin Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-23-49

Jasper County Health Office

County File Number 49-9-719

Date Filed 9-24-49

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
Student Embalmer

Signed *F. M. Jones*

Licensed Embalmer No. 319

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.