

FILED NOV 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34143

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

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2004		Registrar's No. 769	
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 town) Joplin		c. LENGTH OF STAY (In this place) 3 days		c. CITY (If outside corporate limits, write RURAL and give township) Webb City		6 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital				d. STREET ADDRESS (If rural, give location) 1115 South Madison Street			
3. NAME OF DECEASED (Type or Print) a. (First) EMERY		b. (Middle) B.		c. (Last) JONES		4. DATE OF DEATH (Month) (Day) (Year) Oct. 22, 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 16, 1867	
9. AGE (In years last birthday) 82		10. UNDER 1 YEAR (Months) (Days) (Hours) (Min.) 8 6		11. BIRTHPLACE (State or foreign country) Hillsboro, Ohio		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Betts Mining Supply		10b. KIND OF BUSINESS OR INDUSTRY Mining		11. BIRTHPLACE (State or foreign country) Hillsboro, Ohio		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Benjamin Jones		13b. MOTHER'S MAIDEN NAME Elizabeth Sheppard		14. NAME OF HUSBAND OR WIFE widowed			
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 Mrs. Dorsey Watson Webb City, Mo			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis and chronic pulmonary emphysema. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis.				INTERVAL BETWEEN ONSET AND DEATH 3 days unknown 42 21	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
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?			
22. I hereby certify that I attended the deceased from 10-16, 1949, to 10-22, 1949, that I last saw the deceased alive on 10-22, 1949, and that death occurred at 8:10 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) O M D				23b. ADDRESS Webb City, Mo.		23c. DATE SIGNED 10/24/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 24, 1949		24c. NAME OF CEMETERY OR CREMATORY Park Cemetery		24d. LOCATION (City, town, or county) (State) Carthage, Missouri	
DATE REC'D BY LOCAL REG 10-24-49		REGISTRAR'S SIGNATURE Ed S. J... 38		25. FUNERAL DIRECTOR'S SIGNATURE Hedge-Lewis		ADDRESS Webb City, Mo.	

Ferguson

RECEIVED 11-1-49
Jasper County Health Office

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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
Student Embalmer

Signed *Richard Gray Lewis*

Licensed Embalmer No. *4405*

P. O. Address *Webb City, 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.