

FILED NOV 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34163**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2101** Registrar's No. **452**

49  
3

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

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin</b>	
c. LENGTH OF STAY (in this place) <b>50 Yrs</b>		d. STREET ADDRESS (If rural, give location) <b>2209 Joplin</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1</b>			

3. NAME OF DECEASED a. (First) <b>Cynthia</b> b. (Middle) <b>Ann</b> c. (Last) <b>Wilkinson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 12, 1949</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 22, 1862</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>20</b>	IF UNDER 2 HRS. Hours <b>0</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unknown</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>		11. BIRTHPLACE (State or foreign country) <b>Decatur Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>Jacob Lewis</b>		13b. MOTHER'S MAIDEN NAME <b>Jane Simpson</b>		14. NAME OF HUSBAND OR WIFE			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Esther Cole, 2209 Joplin Joplin Mo</b>				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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial</b>						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Prob. J. B. Remicuity</b>						?	
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<b>no</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input 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) (Min.)		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 **long time**, to **10-12**, 1949 that I last saw the deceased alive on **10-11**, 1949, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Ed J. Jones</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Joplin, Mo.</b>		23c. DATE SIGNED <b>10-19-49</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-14-1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fairview</b>		24d. LOCATION (City, town, or county) (State) <b>Joplin, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>10-20-49</b>		REGISTRAR'S SIGNATURE <b>Ed J. Jones</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Parker-Hunsaker Mortuary</b>		ADDRESS <b>Joplin Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11-1-49  
Jasper County Health Office

County File Number 49-10-851

Date Filed 11-8-49

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. *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.