

FILED APR 5 1950 STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 147

1. PLACE OF DEATH
 a. COUNTY Jasper
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin
 c. LENGTH OF STAY (in this place) 15 yrs
 d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1709 Bird

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
 a. STATE Missouri b. COUNTY Jasper
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin 0495
 d. STREET ADDRESS (If rural, give location) 1709 Bird 0

3. NAME OF DECEASED (Type or Print)
 a. (First) Quinn b. (Middle) Baker c. (Last) Fairleigh
 4. DATE OF DEATH (Month) (Day) (Year) March 24, 1950

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
 8. DATE OF BIRTH Feb 10, 1870
 9. AGE (In years last birthday) '80
 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired RR engineer
 11. BIRTHPLACE (State or foreign country) Kentucky
 12. CITIZEN OF WHAT COUNTRY? USA

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired RR engineer
 10b. KIND OF BUSINESS OR INDUSTRY Railroad
 11. BIRTHPLACE (State or foreign country) Kentucky
 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME unknown
 13b. MOTHER'S MAIDEN NAME unknown
 14. NAME OF HUSBAND OR WIFE Annie L. Fairleigh

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 Annie L. Fairleigh 1709 Bird

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) Pneumonia (terminal)
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) General arteriosclerosis
 DUE TO (c) age
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. with cerebral thrombosis with hemiplegia
 INTERVAL BETWEEN ONSET AND DEATH 3 days
 4570
 465-71

19a. DATE OF OPERATION
 19b. MAJOR FINDINGS OF OPERATION
 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK
 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 1949 to March 24, 1950, that I last saw the deceased alive on March 23, 1950, and that death occurred at _____, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Fald L. Jeff 205
 23b. ADDRESS Joplin Mo.
 23c. DATE SIGNED 3/25/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
 24b. DATE 3-27-50
 24c. NAME OF CEMETERY OR CREMATORY I O O F
 24d. LOCATION (City, town, or county) (State) Neosho Mo.

DATE REC'D BY LOCAL REG. 3-25-50
 REGISTRAR'S SIGNATURE [Signature]
 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker-Hunsaker Mortuary Joplin

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

495

RECEIVED 4-3-50

Jasper County Health Office

County File Number 50-3-256

Date Filed 4-3-50

APR 5 1950

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.