

THE DIVISION OF HEALTH OF MISSOURI  
FILED MAY 1 1950 STANDARD CERTIFICATE OF DEATH

State File No. 13484

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 1291

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 OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin 0495	
c. LENGTH OF STAY (In this place) 5 yrs		d. STREET ADDRESS (If rural, give location) 2814 E. 8th	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2814 E. 8th		d. STREET ADDRESS (If rural, give location) 2814 E. 8th	
3. NAME OF DECEASED a. (First) Rufus b. (Middle) Alexander c. (Last) Norton			4. DATE OF DEATH (Month) (Day) (Year) April 13 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH April 9, 1868
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Stone Mason	11. BIRTHPLACE (State or foreign country) Arkansas
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Stone Mason		10b. KIND OF BUSINESS OR INDUSTRY Stone Mason	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Roscoe Norton ADDRESS 2814 E. 8th Joplin
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) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last due to (b) Chronic Pulmonary Heart Coronary Occlusion II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Interval between onset and death 2 days 4:20	
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) (Minute)		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 April 13, 1950, to April 13, 1950 that I last saw the deceased alive on _____ 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS 708 Truseo Bldg	
23c. DATE SIGNED April 15 50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-15-50	
24c. NAME OF CEMETERY OR CREMATORY Forest Park		24d. LOCATION (City, town, or county) (State) Joplin Mo.	
DATE REC'D BY LOCAL REG. 4-18-50		REGISTRAR'S SIGNATURE [Signature] 138	
25. FUNERAL DIRECTOR'S SIGNATURE Parker-Hunsaker Mortuary		ADDRESS Joplin	

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

495

0495

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RECEIVED 4-24-50  
Jasper County Health Office

County File Number 50-4-329  
Date Filed 4-28-50

W. H. Jones

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 W. H. 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.