

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8725**

No. 300  
10.48

FILED MAR 20 1952

BIRTH NO. **8374** REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **115**

495  
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WRITE PLAINLY—USING UNFADING 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) OR TOWN <b>Joplin</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webb City</b>	
c. LENGTH OF STAY (in this place) <b>3 Days</b>		d. STREET ADDRESS (If rural, give location) <b>20 S. Hall St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Freeman Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jeffrey</b>		b. (Middle) <b>Kent</b>	
c. (Last) <b>Daniels</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 6, 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Feb. 19, 1952</b>
9. AGE (In years last birthday) <b>15</b>		10. IF UNDER 1 YEAR (Month) (Day) (Hour) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>Joplin, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John Daniels</b>		13b. MOTHER'S MAIDEN NAME <b>Carole J. Melugin</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>John Daniels, 20 S. Hall St. Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive heart failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days.</b>	
ANTECEDENT CAUSES (b) <b>Congenital heart disease.</b>		Since birth.	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>7544</b>	
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) (Min.)	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 <b>Feb 19, 1952</b> , to <b>March 6, 1952</b> , that I last saw the deceased alive on <b>March 6, 1952</b> , and that death occurred at <b>1:50 Pm.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Wm. Ferguson MD</b>		23b. ADDRESS <b>Webb City Mo</b>	
23c. DATE SIGNED <b>3/7/52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-8-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Webb City, Missouri</b>
DATE REC'D BY LOCAL REG. <b>3-11-52</b>	REGISTRAR'S SIGNATURE <b>Ed S. Daniel</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Johnston-Arnce-Simpson, Webb City Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 3-17-52  
JACKSON COUNTY HEALTH OFFICE

County File Number 52/3/197

Date Filed 3-17-52

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 Myself

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Blayton M. Johnston

Licensed Embalmer No. 4304

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.