

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1865

State File No. 20017 Registrar's No. 140

FILED JAN 27 1953

|   |  |   |   |   |  |  |  |
|---|--|---|---|---|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>156</u>   |   | PRIMARY REG. DIST. NO. <u>20017</u>   |  | Registrar's No. <u>140</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jasper</u>  |  |   |   | 2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>  |  | c. LENGTH OF STAY (in this place)   |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>  |  | b. DISTRICT <u>0475</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1446 Perkins Ave.,</u>   |  |   |   | d. STREET ADDRESS (If rural, give location) <u>1446 Perkins Ave.</u>  |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Thomas</u>   |  | b. (Middle) <u>Bradford</u>   |   | c. (Last) <u>Patty</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 19, 1953</u>                    |  |
| 5. SEX <u>Male</u>  |  | 6. COLOR OR RACE <u>White</u>   |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>   |  | 8. DATE OF BIRTH <u>10-31-1867</u>   |  |
| 9. AGE (in years last birthday) <u>85</u>   |  | IF UNDER 1 YEAR Months _____ Days _____   |   | IF UNDER 1 YEAR Hours _____ Min. _____  |  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>   |  |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Horseshoeing Tooling</u> |   |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Billings, Missouri</u> |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>   |  | 13a. FATHER'S NAME <u>Don't Know</u>  |   | 13b. MOTHER'S MAIDEN NAME <u>Don't Know</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>McReynolds Margaret Victoria</u>              |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>  |  | 16. SOCIAL SECURITY NO. <u>None</u>   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Melvin Wear, 1446 Perkins,</u>   |  |  |  |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>Joplin, Mo<br>INTERVAL BETWEEN ONSET AND DEATH   |   |   |  |  |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coroio Vasculan failure</u>   |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. ---<br>DUE TO (b) <u>Senility</u> |   |   |  |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  | DUE TO (c) _____  |   |   |  |  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |   |   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)   |  | 4221   |  |
| 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 <u>2-7, 1949</u> , to <u>1-20, 1953</u> , that I last saw the deceased alive on <u>1-15, 1953</u> , and that death occurred at _____ m., from the causes and on the date stated above. |  |   |   |   |  |  |  |
| 23a. SIGNATURE (Degree or title) <u>Ed D. Jones, M.D.</u>   |  |   |   | 23b. ADDRESS <u>Joplin Mo</u>   |  | 23c. DATE SIGNED <u>1-22-53</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>1-22-1953</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY <u>Osborn Memorial</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>Joplin Mo.</u>              |  |
| DATE REC'D BY LOCAL REG. <u>1-22-53</u>   |  | REGISTRAR'S SIGNATURE <u>Ed D. Jones</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed D. Jones</u>   |  | ADDRESS <u>Thornhill-Dillon Mortuary, Joplin, Mo.</u>                        |  |

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

1495  
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RECEIVED 1-26-53  
Jasper County Health Office

County File Number 53/1/85

Date Filed 1-26-53

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 Cecilia Howlett

Licensed Embalmer No. 3590

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.