

FILED APR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

12486

1346

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH:				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		a. STATE Mo.		b. COUNTY Jackson	
c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		d. STREET ADDRESS (If rural, give location) 1233 Stratford Rd.	
3. NAME OF DECEASED (Type or Print)		a. (First) Dean		b. (Middle) C.		c. (Last) Jones	
4. DATE OF DEATH (Month) (Day) (Year) 3-22-49		5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 15, 1881		9. AGE (In years last birthday) 67		10. MONTHS 8		11. DAYS 7	
12. HOURS 8		13. MIN. 0		14. BIRTHPLACE (State or foreign country) Iowa		15. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dress Mfr.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Charles M. Jones		13b. MOTHER'S MAIDEN NAME Lorada Willis		14. NAME OF HUSBAND OR WIFE Margaret Jones			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 496-03-8419		17. INFORMANT'S SIGNATURE OR NAME Mrs. Margaret Jones		ADDRESS 1233 Stratford Rd.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis (b) Diabetes Mellitus Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 260X				INTERVAL BETWEEN ONSET AND DEATH Sudden 13 Apr.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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)			
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 <u>11/20</u> , 19 <u>35</u> , to <u>3/22</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3/22</u> , 19 <u>49</u> , and that death occurred at <u>3 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE OF ME James D. Smith (Type or Print)				23b. ADDRESS 318 Professional Bldg., KC Mo		23c. DATE SIGNED 3/23/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-24-49		24c. NAME OF CEMETERY OR CREMATORY Forest Hill		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 3-24-49		REGISTRAR'S SIGNATURE Etheldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE STINE & MCCLURE		ADDRESS Kansas City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

J. D. Smith
any time

Prof. B

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

Max E. Meyer

Licensed Embalmer No. *4555*

P. O. Address *Kansas 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.