

FILED AUG 21 1950

STANDARD CERTIFICATE OF DEATH

State File No. 26953

3350

BIRTH NO. 49475-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Kansas City 1st</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Kansas City 3.528</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Joseph Hosp.</i>		d. STREET ADDRESS (If rural, give location) <i>3219 Highland</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>INFANT</i> b. (Middle) c. (Last) <i>JONES</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>8-4-50</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Wh.</i>	7. MARRIED NEVER MARRIED WIDOWED, DIVORCED (Specify) <i>1</i>	8. DATE OF BIRTH <i>8-3-50</i>		9. AGE (In years last birthday) <i>0</i> IF UNDER 1 YEAR Months <i>0</i> Days <i>1</i> IF UNDER 12 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Infant</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>K. C., Mo</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>					

13a. FATHER'S NAME <i>Thos. C. Jones</i>		13b. MOTHER'S MAIDEN NAME <i>Shirley Bergant</i>		14. NAME OF HUSBAND OR WIFE <i>- infant -</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give post or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>infant</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Thos. C. Jones, Highland</i> ADDRESS <i>3219 Highland</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc.: It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac failure</i>		INTERVAL BETWEEN ONSET AND DEATH <i>7 1/4 hr</i>
		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
		DUE TO (b) <i>fracture - 7 mm</i>		
		DUE TO (c)		
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

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)		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 *8-3-1950*, to *8-4-1950*, that I last saw the deceased alive on *8-4-1950*, and that death occurred at *6:30 p.m.*, from the causes and on the date stated above.

23. SIGNATURE <i>Robert S. Higgins MD</i> (Degree or title)		23b. ADDRESS <i>411 Alameda Rd K.C. Mo.</i>		23c. DATE SIGNED <i>8-5-50</i>	
---	--	---	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>8-7-50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Emerson Crematory - K.C. Mo.</i>		24d. LOCATION (City, town, or county) (State)	
---	--	-------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <i>8-5-50</i>		REGISTRAR'S SIGNATURE <i>Geraldine Palmer</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. J. Kelly</i> ADDRESS <i>Eden, K.C., Mo.</i>	
--	--	---	--	--	--

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

Dr. Higgins
411 Alameda
No. 3631
Before 1 Sat.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Max W. Kirkendall

Signed.....
Student Embalmer

Licensed Embalmer No. *4632*

P. O. Address *F. C. Ma*

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.