

FILED AUG 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 26955

Registrar's No. 3238

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3238</u>			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>27 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>200 West 34th Street</u>				d. STREET ADDRESS (If rural, give location) <u>200 West 34th Street</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) <u>A.</u>		c. (Last) <u>JONES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 26, 1950</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Dec. 31, 1880</u>			
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____			10b. KIND OF BUSINESS OR INDUSTRY <u>FORUM CAFETERIA</u>			11. BIRTHPLACE (State or foreign country) <u>DADEVILLE, MISSOURI</u>			
12. CITIZENRY OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>ROBERT JONES</u>		13b. MOTHER'S MAIDEN NAME <u>VIRGINIA LOU WOODS</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. ORA JONES</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>493-22-6372</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. ORA JONES, 200 West 34th Street</u>					
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.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Acute Edema of Lung</u>  <u>myocardial infarction</u>  <u>coronary artery disease</u>  <u>Marked arteriosclerosis</u></p> <p>ANTECEDENT CAUSES          Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.          DUE TO (b) _____          DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS          Conditions contributing to the death but not related to the disease or condition causing death.</p>						INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>2 years</u> <u>4201</u>	
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) <u>no</u>		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>7-25, 1950</u> to <u>7-26, 1950</u> that I last saw the deceased alive on <u>7-26, 1950</u> and that death occurred at <u>5:40 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>W. P. Miller</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>200 West 34th Street</u>		23c. DATE SIGNED <u>7-26-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7/29/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>			
DATE REC'D BY LOCAL REG. <u>7-28-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Burk &amp; Tobin 20 W. Linwood Blvd.</u>					

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

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 *Forest D. Goldenow*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4714*

P. Q. Address *Kansas City, Mo.*

Notes. 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.