

FILED OCT 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30496**
3963

BIRTH NO. 58249-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City Mo</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City 23rd</u> | |
| c. LENGTH OF STAY (in this place) <u>5 hours</u> | | d. STREET ADDRESS (If rural, give location) <u>3210 E. 23rd</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent's Hosp.</u> | | | |

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| 3. NAME OF DECEASED a. (First) <u>Died Unnamed</u> b. (Middle) <u>Jones</u> c. (Last) <u>Jones</u> | | | 4. DATE OF DEATH (Month) <u>8</u> (Day) <u>12</u> (Year) <u>50</u> | | |
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| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> | | 8. DATE OF BIRTH <u>8-12-50</u> | | 9. AGE (in years last birthday) <u>5</u> IF UNDER 1 YEAR Months <u>3</u> Days <u>36</u> IF UNDER 11 HRS. Hours <u>5</u> Min. <u>36</u> | |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | 11. BIRTHPLACE (State or foreign country) <u>Kansas City Mo.</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | |
|---|--|--|-----------------------------------|--|--|--|--|--|--|--|--|

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| 13a. FATHER'S NAME | | | 13b. MOTHER'S MAIDEN NAME <u>Katherine Jones</u> | | | 14. NAME OF HUSBAND OR WIFE | | |
|--------------------|--|--|--|--|--|-----------------------------|--|--|

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Katherine Jones</u> ADDRESS <u>3210 E. 23rd</u> | | | |
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| 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, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anoxemia</u> | | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>prematurity</u> DUE TO (c) | | | | | | 774X | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 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) | |
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| 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 Aug 12, 1950, to _____, 19____, that I last saw the deceased alive on Aug 12, 1950, and that death occurred at 7:45 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>H. Kermit Knoch</u> (Degree or title) <u>M.D.</u> | | | 23b. ADDRESS <u>1103 Grand Ave K.C.</u> | | | 23c. DATE SIGNED <u>8-22-50</u> | | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>8-12-50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery K.C. Mo.</u> | | 24d. LOCATION (City, town, or county) (State) | |
|---|--|--------------------------|--|--|--|---|--|

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| DATE REC'D BY LOCAL REG. <u>9-18-50</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>St. Vincent's Hosp. K.C. Mo.</u> ADDRESS | | | |
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.