

FILED SEP 30 1950

STANDARD CERTIFICATE OF DEATH

30501

State File No.

3572

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

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 30 yrs	c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		d. STREET ADDRESS (If rural, give location) 1233 Stratford Road
d. FULL NAME OF HOSPITAL OR INSTITUTION 1233 Stratford Road			d. STREET ADDRESS (If rural, give location) 1233 Stratford Road		
3. NAME OF DECEASED (Type or Print) MARGARET LEATHERS JONES			4. DATE OF DEATH (Month) (Day) (Year) Sept. 10, 1950		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 27, 1880		9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President, Dean Jones, Inc.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Lewis Preston		13b. MOTHER'S MAIDEN NAME Nancy Isabelle Hoover		14. NAME OF HUSBAND OR WIFE Dean C. Jones, dec.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 496-03-8421	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. R. Leathers, 8500 Lee Blvd., K.C.Mo.			
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>	<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) hypertensive heart disease</p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterial hypertension</p> <p>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>				<p>INTERVAL BETWEEN ONSET AND DEATH 2 yrs 9 yrs.</p> <p>443</p>
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) m.	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>7/5</u> , 19 <u>41</u> , to <u>9/10</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>9/9</u> , 19 <u>50</u> , and that death occurred at <u>4 A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE James D. Smith M.D.		23b. ADDRESS 318 Prof. Bldg. K.C. Mo.		23c. DATE SIGNED 9/11/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/12/50	24c. NAME OF CEMETERY OR CREMATORY Forest Hill	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		
DATE REC'D BY LOCAL REG. 9-11-50	REGISTRAR'S SIGNATURE Heraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE, Kansas City, Missouri		

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

Dr. James Desmutes Smith
Prof. B. I. Og.

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 Joseph McCarty

Licensed Embalmer No. 4694

P. O. Address 150 E 1700

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.