

FILED OCT 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33568

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No. <u>4175</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 town) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		
c. LENGTH OF STAY (in this place) <u>65 years</u>		d. STREET ADDRESS (If rural, give location) <u>1208 West 59th Street</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>		38018		
3. NAME OF DECEASED (Type or Print) a. (First) <u>CARY</u>		b. (Middle) <u>WATSON</u>		c. (Last) <u>JONES</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 1, 1950</u>		5. SEX <u>male</u>		
6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Dec. 12, 1875</u>
9. AGE (in years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Exec. V.P. &amp; Treas. R.B. Jones &amp; Sons, Ins. Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Richard Bacon Jones</u>		
13b. MOTHER'S MAIDEN NAME <u>Sally's Maiden</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Mayer Jones, dec.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Morton M. Jones, 729 E. 70th St., K.C. Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic Carcinoma c. metastasis to brain</u>		INTERVAL BETWEEN ONSET AND DEATH <u>11 months</u>
ANTECEDENT CAUSES Morbid 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. <u>Myocardial defect</u>		<u>1 year</u> <u>13 days</u>
19a. DATE OF OPERATION <u>None</u>		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) <u>3</u>		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>Oct 6</u> , 19 <u>49</u> , to <u>Oct 1</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Oct 1</u> , 19 <u>50</u> , and that death occurred at <u>10:50 A.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Blaine Z. Hibbard</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>411 Alameda Rd. K.C. Mo.</u>		23c. DATE SIGNED <u>Oct 3, 1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>
24b. DATE <u>10/3/50</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE &amp; McCLURE, Kansas City, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>10-3-50</u>		REGISTRAR'S SIGNATURE <u>Deraldine Holmes</u>		

Dr. J. U. Bell  
Allyn Trust Bell  
P M Via 4350

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**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. *45-3-3-*

P. O. Address *He MD*

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.