

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41163

State File No. \_\_\_\_\_

FILED DEC 27 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 474

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Blue</b>		c. LENGTH OF STAY (in this place) <b>11 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) <del>XXXXXXXXXX</del> <b>Kansas City RR 60</b>		d. STREET ADDRESS (If rural, give location) <b>Forest &amp; Paul Sts. Blue</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Residence RR 6, KC. Mo.</b>					

3. NAME OF DECEASED (Type or Print) a. (First) <b>Bertha</b> b. (Middle) <b>D</b> c. (Last) <b>Jones</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 7, 1950</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>June 10, 1892</b>		9. AGE (In years) (last birthday) <b>58</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>self employed</b>	11. BIRTHPLACE (State or foreign country) <b>Marion County, Ark.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Thomas Copper</b>		13b. MOTHER'S MAIDEN NAME <b>Harriett Martin</b>		14. NAME OF HUSBAND OR WIFE <b>Benj. B. Jones (deceased)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Jas. L. Franklin RR 6, K. C. Mo.</b>	

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) <b>Acute Coronary Occlusion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Heart Disease</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH  <b>11201</b>
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19a. DATE OF OPERATION		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) (Minute)		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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **8:50P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Geo. C. Carson, M.D., Deputy Coroner</b>		23b. ADDRESS <b>4030 Broadway Bldg</b>		23c. DATE SIGNED <b>12-8-50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>12/11/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Wd. Grove Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Independence, Mo.</b>		
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DATE REC'D BY LOCAL REG. <b>Dec. 9-1950</b>	REGISTRAR'S SIGNATURE <b>Geo. C. Carson</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Geo. C. Carson Independence, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 20 RECD

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

*John M. Limer*

Licensed Embalmer No. 4704

P. O. Address Independence

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.