

FILED FEB 17 1951

STANDARD CERTIFICATE OF DEATH

State File No. 4800

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 486

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) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Blue 480 V</u>	
c. LENGTH OF STAY (In this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>Rt 2 - Salisbury Road</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North East Hospital</u>		3. NAME OF DECEASED a. (First) <u>Reese</u> b. (Middle) <u>John</u> c. (Last) <u>Jones</u>	
4. DATE OF DEATH <u>Jan 29 1951</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>Sept 7 1891</u>	
9. AGE (In years last birthday) (Specify) <u>59</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired U.S. Truman</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Burlington R.R.</u>		11. BIRTHPLACE (State or foreign country) <u>Pa. 1</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Ebenezer Jones</u>	
13b. MOTHER'S MAIDEN NAME <u>Margaret Davis</u>		14. NAME OF SPOUSE OR WIFE <u>Charlotta Jones</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Stella Burchett</u>		ADDRESS <u>Rt 2, Ind.</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>Acute exacerbation chronically recurrent myocardial decompensation</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>Hypostatic pneumonia</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> <u>42 hrs</u> <u>12 hrs</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)	
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>Jan 22, 1951</u> , to <u>Jan 29, 1951</u> , that I last saw the deceased alive on <u>Jan 29, 1951</u> , and that death occurred at <u>7:15 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M. L. Whitstone, D.D.</u>		23b. ADDRESS <u>Independence Mo</u>	
23c. DATE SIGNED <u>1-30-51</u>		24a. BURIAL CREMATION (Specify) <u>Burial</u>	
24b. DATE <u>Jan 31, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mound Lane</u>	
24d. LOCATION (City, town, or county) (State) <u>Indep. Mo</u>		DATE REC'D BY LOCAL REG. <u>2-2-51</u>	
REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		FEDERAL DIRECTOR'S SIGNATURE <u>Dixon L. Repley</u>	
ADDRESS <u>Indep. Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48008
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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 _____

working under my personal supervision.

Signed... Jason T. White
Student Embalmer

Student Embalmer No. 412

Signed... Dustin L. Kelsey

Licensed Embalmer No. 4225

P. O. Address: Indep. Mo

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.