

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23106**  
**2775**

BIRTH NO. **44102-57** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2775**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Wyandotte</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City 5th 13mm</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City 8150 19</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>3909 Strong Avenue</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Baby Boy</b> c. (Last) <b>Jones</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6-30-51</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED) (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>6-30-51</b>
9. AGE (In years last birthday) <b>—</b> if UNDER 1 YEAR <b>—</b> MONTHS <b>—</b> DAYS <b>—</b> IF UNDER 24 HRS. <b>5</b> HRS. <b>13</b> Mins.		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <b>Howard Eugene Jones</b>	
14. MOTHER'S M maiden name <b>Mary Lee Rustin</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE (OR NAME) <b>Mrs. Howard Jones</b>		ADDRESS <b>3909 Strong</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>Atelectasis - Immaturity of Respiratory Center</b> ANTECEDENT CAUSES (Atelectasis - Immaturity of Respiratory Center) DUE TO (b) <b>Respiratory Center</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input 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)		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 <b>6-30, 1951</b> , to <b>6-30, 1951</b> , that I last saw the deceased alive on <b>6-30, 1951</b> , and that death occurred at <b>5:40 P.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Gerald L. Miller MD</b> (Degree or title)		23b. ADDRESS <b>730 Prof. Bldg. K.C. Mo.</b>	
23c. DATE SIGNED <b>6/30/51</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>July 1 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Osage City Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Osage City, Kansas</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Simmons Funeral Home K.C.K.</b>	
DATE REC'D BY LOCAL REG. <b>6-30-51</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	

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

vi 6389  
~~Jan 7422~~  
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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. 14555

P. O. Address K.E. 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.

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