

## STANDARD CERTIFICATE OF DEATH

State File No. 26990  
3489

RECEIVED SEP 1 1951

REG. DIST. NO. 149

PRIMARY REG. DIST. NO. 1002

Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>CASS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>2 hrs.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hosp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Grandriver</b>	
3. NAME OF DECEASED (Type or Print) <b>Donald Vern Jones</b>		d. STREET ADDRESS (If rural, give location) <b>7 Mi. S.W. of Harrisonville</b>	
a. (First)		b. (Middle)	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 14-1951</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>July 30-1945</b>
9. AGE (In years last birthday) <b>6</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	
11. BIRTHPLACE (State or foreign country) <b>Harrisonville Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Vern Jones</b>		13b. MOTHER'S MAIDEN NAME <b>Tris Moul</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Tris Jones Harrisonville 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>lacertion right frontal and left parietal areas of brain and skull fracture</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>skull fracture</b> DUE TO (c) <b>auto accident + pedestrian</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <b>8-14-51</b>		19b. MAJOR FINDINGS OF OPERATION <b>skull fracture - brain lacertion -</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>freeway</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Grand River Cass Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>8-14-51 5 P.M.</b>		21e. INJURY OCCURRED WHILE AT WORK? ( ) NOT WHILE AT WORK ( ) <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>Ran into car -</b>		22. I hereby certify that I attended the deceased from <b>July, 1945</b> , to <b>Aug 14, 1951</b> , that I last saw the deceased alive on <b>Aug 14, 1951</b> , and that death occurred at <b>7:20 P.M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Edward S. Jones</b>		23b. ADDRESS <b>Harrisonville, Mo.</b>	
23c. DATE SIGNED <b>8-14-51</b>		24a. BURIAL CEMETERY (If removed specify) <b>Freeman Cem</b>	
24b. DATE <b>Aug 14-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Freeman Cem</b>	
24d. LOCATION (City, town, or county) (State) <b>Freeman Mo.</b>		DATE REC'D BY LOCAL REG. <b>8-15-51</b>	
REGISTRAR'S SIGNATURE <b>Sheldine Holmes</b>		FEDERAL DIRECTOR'S SIGNATURE <b>Sheldine Holmes</b>	
ADDRESS <b>Harrisonville Mo</b>		ADDRESS <b>Harrisonville Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 22 1951

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.....  
Student Embalmer

Student Embalmer No.....

Signed *Floyd Atkinson*

Licensed Embalmer No. *3970*

P. O. Address *Horseshoe*

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.

*No.*