

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1330**
96

FILED JAN 25 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1001</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. LENGTH OF STAY (in this place) Lifetime		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		d. STREET ADDRESS (If rural, give location) 1924 Olive	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2							
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth		b. (Middle)		c. (Last) Jones		4. DATE OF DEATH (Month) (Day) (Year) 1 2 52	
5. SEX Female 3		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 7-25-12	
9. AGE (In years last birthday) 39		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10b. KIND OF BUSINESS OF INDUSTRY		11. BIRTHPLACE (State or foreign country) Kansas City, Missouri 0		12. CITIZEN OF WHAT COUNTRY? America	
13a. FATHER'S NAME Gus Jones		13b. MOTHER'S MAIDEN NAME Melassie		14. NAME OF HUSBAND OR WIFE ?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Melassie Jones 1924 Olive			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Bronchiectasis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Bronchial Asthma DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Suspected Lymphoblastoma				INTERVAL BETWEEN ONSET AND DEATH 24 1/2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)		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 1-2-52 , 19___, to 1-2-52 , 19___, that I last saw the deceased alive on 1-2-52 , 19___, and that death occurred at 12:30p m. , from the causes and on the date stated above.							
23a. SIGNATURE OF REGISTRAR [Signature] Frank Ellis MD (Degree or title)				23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 1-5-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/8/52		24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery Kansas City, Mo.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 1-8-52		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] 18th & Benton			

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

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.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed..... *Bruce S. Watkins*

Licensed Embalmer No. *4500*

P. O. Address *18th & Benton*

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.