

FILED FEB 16 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5081**  
Registrar's No. **540**

|   |  |  |   |   |   |   |  |  |
|---|--|--|---|---|---|---|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>149</u>  |   | PRIMARY REG. DIST. NO. <u>1002</u>  |   | Registrar's No. _____   |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |   |   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>Kansas City</u>  |  | c. LENGTH OF STAY (In this place) <u>75 yrs.</u>   |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>Kansas City</u>  |   | d. STREET ADDRESS (If rural, give location) <u>1614 Lister</u>        |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>1614 Lister Ave.</u>  |  |  |   | d. STREET ADDRESS (If rural, give location) <u>1614 Lister</u>  |   |   |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Thomas</u><br>b. (Middle) <u>H.</u><br>c. (Last) <u>Jones</u>   |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>February 1, 1952</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>July 10, 1859</u>                                 |  |  |
| 9. AGE (In years last birthday) <u>92</u>   |  | IF UNDER 1 YEAR<br>Months Days Hours Mins.   |   | IF UNDER 1 YEAR<br>Months Days Hours Mins.  |   | IF UNDER 1 YEAR<br>Months Days Hours Mins.                            |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>  |  |  | 10b. KIND OF BUSINESS OR INDUSTRY _____                             |   |   | 11. BIRTHPLACE (State or foreign country) <u>Illinois</u>             |  |  |
| 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>   |  |  | 13a. FATHER'S NAME <u>Hugh Jones</u>                                |   | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Miller</u>                               |   | 14. NAME OF HUSBAND OR WIFE <u>Clara Jones</u>                                   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>  |  |  | 16. SOCIAL SECURITY NO. <u>none</u>                                 |   | 17. INFORMANT'S SIGNATURE OR NAME <u>Irene Jones</u> ADDRESS <u>1614 Lister</u> |   |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)   |  | MEDICAL CERTIFICATION  |   |   |   |   | INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>                                  |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u>  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> |   |   |   |   |  |  |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  |  | DUE TO (c) _____   |   |   |   |   |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardial Disease</u>   |  |  |   |   |   |   | 45   |  |
| 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., sea) _____  |   | 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 <u>Jan 27, 1952</u> to <u>Death, 1952</u> , that I last saw the deceased alive on <u>Jan 19, 1952</u> , and that death occurred at _____ m., from the causes and on the date stated above. |  |  |   |   |   |   |  |  |
| 23a. SIGNATURE <u>Ray F. Drake</u> (Degree or title) <u>MD.</u>   |  |  |   | 23b. ADDRESS <u>2414 Telephone Building</u>   |   | 23c. DATE SIGNED <u>2-2-52</u>  |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>   |  | 24b. DATE <u>2-4-52</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood</u>   |   | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> |  |  |
| DATE REC'D BY LOCAL REG. <u>2-4-52</u>  |  | REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Earp &amp; Sons 4139 Truman Rd.</u>   |   |   |  |  |

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.....

Signed.....

Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**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.