

STANDARD CERTIFICATE OF DEATH

State File No. **15597**

FILED MAY 23 1952

BIRTH NO. _____ REG. DIST. NO. **34** PRIMARY REG. DIST. NO. **5117** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Cedar		c. CITY (If outside corporate limits, write RURAL and give township) Rural Cedar 015	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) Ashland RFD # 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ashland RFD 2			

3. NAME OF DECEASED a. (First) Thomas (Type or Print)		b. (Middle)		c. (Last) Jells		4. DATE OF DEATH (Month) (Day) (Year) May 11 52	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov 2 1891		9. AGE (In years last birthday) 60 if UNDER 1 YEAR Months 6 Days 6 if UNDER 24 HRS. Hours 6 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 514-16-8410		17. INFORMANT'S SIGNATURE OR NAME Mrs. St. Probstki Kansas City, Kansas		ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		DUPLICATE OF (a)				Acute	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) Arteriosclerosis		years	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 4201		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) Cedar Boone Mo	
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 **5/12/52**, 19____, to _____, 19____, that I last saw the deceased alive on **5/11/52**, 19____, and that death occurred at **7 PM** m., from the causes and on the date stated above.

23a. SIGNATURE Henry R. Sweet Jr. M.D. 3		(Degree or title) Coroner		23b. ADDRESS 909 University Ave. Columbia		23c. DATE SIGNED 5/11/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5 May 13 1952		24c. NAME OF CEMETERY OR CREMATORY Kansas City, Kansas		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 5/11/52		REGISTRAR'S SIGNATURE Mrs. Mildred Burnett		25. FUNERAL DIRECTOR'S SIGNATURE W. L. Burnett		ADDRESS Ashland Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

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MAY 10 1956

1956

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 *W. M. C. Bennett*

Licensed Embalmer No. *3567*

P. O. Address *Ashtland Md*

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.