

FILED JUN 7 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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15875

State File No. \_\_\_\_\_

2198

BIRTH NO. _____		REG. DIST. NO. <u>393</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>CLAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY NORTH</u>		c. LENGTH OF STAY (In this place) <u>20 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY, NORTH</u>		94			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>3707 41<sup>st</sup> ST. NORTH</u>				d. STREET ADDRESS (If rural, give location) <u>3707 41<sup>st</sup> ST. NORTH</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>STELLA</u> b. (Middle) <u>Beal</u> c. (Last) <u>Jones</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 11 1952</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>OCT 12, 1891</u>			
9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 14 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>0</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			13a. FATHER'S NAME <u>George I Veach</u>		13b. MOTHER'S MAIDEN NAME <u>Lizzy Consolver</u>		14. NAME OF HUSBAND OR WIFE <u>James F. Jones</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James F. Jones</u> ADDRESS <u>3707 41<sup>st</sup> ST NORTH</u>					
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma ovary</u>				ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with metastases</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				DUE TO (c) _____				175	
19a. DATE OF OPERATION <u>7-17-51</u> <u>5-21-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>PALVIC CARCINOMA</u>				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 <u>7-3-51</u> , to <u>May 11, 1952</u> that I last saw the deceased alive on <u>May 11, 1952</u> and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Vernon T. Williams</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>3604 1/2 Blk</u>		23c. DATE SIGNED <u>May 12</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-14-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SAVANNAH Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>SAVANNAH Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5-13-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons, N.K.C. Mo.</u> ADDRESS _____					

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

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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 *John V. Dennis, Jr.*.....

Licensed Embalmer No. *4848*.....

P. O. Address *832 Arman Rd. N.E.*.....

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.