

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23938**

**DECEASED** AUG 9 - 1952 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **72** PRIMARY REG. DIST. NO. **3013** Registrar's No. \_\_\_\_\_

S. No. 300  
V. 10-48

0241  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

|                                                                                                                                                                                                                                      |                               |                                                                                                        |                                                                                                                                                                       |                                                          |                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Clay</b>                                                                                                                                                                                           |                               |                                                                                                        | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>                            |                                                          |                                                                                  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>North Kansas City</b>                                                                                                                                |                               | c. LENGTH OF STAY (in this place) <b>1 day</b>                                                         | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>                                                                       |                                                          | 3148                                                                             |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>North K.C. Police Station</b>                                                                                                                                                             |                               |                                                                                                        | d. STREET ADDRESS (If rural, give location) <b>1132 Locust 1</b>                                                                                                      |                                                          |                                                                                  |
| 3. NAME OF DECEASED (Type or Print) a. (First) <b>Edgar</b>                                                                                                                                                                          |                               | b. (Middle) <b>Noel</b>                                                                                | c. (Last) <b>Jones</b>                                                                                                                                                | 4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 1 1952</b> |                                                                                  |
| 5. SEX <b>male</b>                                                                                                                                                                                                                   | 6. COLOR OR RACE <b>white</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married 1</b>                                | 8. DATE OF BIRTH <b>26 Sept. 1928</b>                                                                                                                                 | 9. AGE (in years last birthday) <b>23</b>                | 10. IF UNDER 1 YEAR <b>10</b> Months <b>5</b> Days                               |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mechanic</b>                                                                                                                          |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>Auto Repair</b>                                                   | 11. BIRTHPLACE (City and State or Foreign Country) <b>Malden Mo</b>                                                                                                   |                                                          | 12. CITIZEN OF WHAT COUNTRY? <b>U</b>                                            |
| 13a. FATHER'S NAME <b>Arthur Jones</b>                                                                                                                                                                                               |                               | 13b. MOTHER'S MARRIAGE NAME <b>Myrtle Jones</b>                                                        | 14. NAME OF HUSBAND OR WIFE <b>Patricia Jones</b>                                                                                                                     |                                                          |                                                                                  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>yes, World War #2</b>                                                                                                   |                               | 16. SOCIAL SECURITY NO. <b>-</b>                                                                       | 17. INFORMANT'S SIGNATURE OR NAME <b>Arthur Jones</b>                                                                                                                 |                                                          | ADDRESS <b>2909 Sweet Hill</b>                                                   |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Strangulation by hanging.</b>                                                      |                                                          | INTERVAL BETWEEN ONSET AND DEATH                                                 |
|                                                                                                                                                                                                                                      |                               |                                                                                                        | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |                                                          |                                                                                  |
|                                                                                                                                                                                                                                      |                               |                                                                                                        | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>E974X</b>                      |                                                          |                                                                                  |
| 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) <b>Suicide</b>                                                                                                                                                                              |                               | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>No Kansas City Clay Mo</b>                                                                                         |                                                          |                                                                                  |
| 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? <b>↑</b>                                                                                                                                   |                                                          |                                                                                  |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>5 A</b> m., from the causes and on the date stated above. |                               |                                                                                                        |                                                                                                                                                                       |                                                          |                                                                                  |
| 23a. SIGNATURE <b>J. Pate MD</b> (Degree or title) <b>3</b>                                                                                                                                                                          |                               |                                                                                                        | 23b. ADDRESS <b>No Kansas City Mo</b>                                                                                                                                 |                                                          | 23c. DATE SIGNED <b>8/1/52</b>                                                   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>                                                                                                                                                                             | 24b. DATE <b>Aug 9-52</b>     | 24c. NAME OF CEMETERY OR CREMATORY <b>Walnut Grove</b>                                                 | 24d. LOCATION (City, town, or county) (State) <b>Parkville Mo</b>                                                                                                     |                                                          |                                                                                  |
| DATE REC'D BY LOCAL REG. <b>Aug 3rd 52</b>                                                                                                                                                                                           |                               | REGISTRAR'S SIGNATURE <b>Boulah Fitchew</b> <b>63</b>                                                  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Leland H. Francis</b> ADDRESS <b>Parkville Mo</b>                                                                                 |                                                          |                                                                                  |

(Licensed Embalmer's Statement on Reverse Side)

AUG 14 1959

No 4869

Temp. Pres. H. 2904

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 Robert Poage  
Student Embalmer

Signed James M. Boston

Licensed Embalmer No. 4856

P. O. Address NK, Mo.

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.