U.S. No. 300 FILED OCT 4 1952
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31697

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4100

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 25 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lakeside

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Mo.
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 3504 Penn 3H

3. NAME OF DECEASED (Type or Print)
a. (First): Clyde
b. (Middle): Wood
c. (Last): Jones

4. DATE OF DEATH (Month) (Day) (Year): Sept. 16 1952

5. SEX: M. D
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED 2
8. DATE OF BIRTH: Oct. 9 1883
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Elevator Operator
10b. KIND OF BUSINESS OR INDUSTRY: ROBT. E. LEE HOTEL
11. BIRTHPLACE (City and State or Foreign Country): BLUE SPRINGS, MISSOURI. D
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Frank Jones
13b. MOTHER'S MAIDEN NAME: Sadie Selvey
14. NAME OF HUSBAND OR WIFE: MAUDIE JONES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Spanish American Dan
16. SOCIAL SECURITY NO.: 500-03-9500
17. INFORMANT'S SIGNATURE OR NAME: Jessie N. Jones — ADDRESS: 3733 Penn

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) Acute myocardial decompensation — INTERVAL BETWEEN ONSET AND DEATH: 2 4/11

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
a. DUE TO (b) left ventricular failure
DUE TO (c) (b) emphysema

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* (c) bronchial asthma — 2 4 1 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 15, 1951, *to* Sept. 16, 1952 *that I last saw the deceased alive on* Sept. 16, 1952 *and that death occurred at* 12 00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W.C. Worley D.O.
23b. ADDRESS: 336 West 36th St. Kansas City Mo.
23c. DATE SIGNED: 9/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/18/52
24c. NAME OF CEMETERY OR CREMATORY: —
24d. LOCATION (City, town, or county): Blue Springs (State): Mo.

DATE REC'D BY LOCAL REG.: 9-17-52
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: Stine & McClure — ADDRESS: K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

OCT 10 1956

va 4292

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 Eugene Kennon

Licensed Embalmer No. 4683

P. O. Address Kansas City 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.