

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31699

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

SEP 20 1952

3946

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>32 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>3017 CAMPBELL STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3017 CAMPBELL STREET</u>		d. STREET ADDRESS (If rural, give location) <u>3017 CAMPBELL STREET</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLARD</u> b. (Middle) <u>EMMITT</u> c. (Last) <u>JONES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 4-1952</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV. 13-1891</u>	9. AGE (In years last birthday) <u>60</u>	If UNDER 1 YEAR Months _____ Days _____	If UNDER 6 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED-9YR-ASST. CASHIER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ROCK ISLAND R.R.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ELDON, MISSOURI</u>		12. COUNTRY OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>ALBURN JONES</u>	13b. MOTHER'S MAIDEN NAME <u>OLIVE BELL</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. ALPHA JONES</u>
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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>708-10-9175</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. ALPHA JONES</u>	ADDRESS <u>3017 CAMPBELL ST. KANSAS CITY, MO.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Coronary Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>4201</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 12/19, 1947, to 9/4, 1952, that I last saw the deceased alive on Aug. 23, 1951, and that death occurred at 4:35 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>George C. Lee</u> (Degree or title) <u>George C. Lee M.D.</u>	23b. ADDRESS <u>01103 Grand Ave. K. C. Mo.</u>	23c. DATE SIGNED <u>9/5/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>SEPT. 6-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. PLEASANT CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ELDON MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>9-6-52</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Newcomer</u>	ADDRESS <u>331 BRUSH CREEK KANSAS CITY, MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1630 Professional Seal

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. 412

working under my personal supervision.

Student Charles W. Beatty  
Student Embalmer

Signed Charles H. Stickney

Licensed Embalmer No. 4560

P. O. Address K.C. 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.