

FILED JAN 17 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44545**  
**5806**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institutional 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. LENGTH OF STAY (in this place) <u>10 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		d. STREET ADDRESS (If rural, give location) <u>1331-E-16<sup>th</sup> St. 3<sup>rd</sup> fl.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1331-E-16<sup>th</sup> St.</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>12-27-52</u>			
3. NAME OF DECEASED (Type or Print) <u>PEARL</u>		a. (First)		b. (Middle) <u>JONES</u>		c. (Last)	
5. SEX <u>3 FEMALE</u>		6. COLOR OR RACE <u>COL.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DON'T KNOW</u>		8. DATE OF BIRTH <u>ABOUT 1885</u>	
9. AGE (In years last birthday) <u>APR. 67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE KEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>DON'T KNOW</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>DON'T KNOW</u>		13b. MOTHER'S MAIDEN NAME <u>DON'T KNOW</u>		14. NAME OF HUSBAND OR WIFE <u>DON'T KNOW</u>	
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>DON'T KNOW</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>COUNTY RECORDS, JACKSON COUNTY</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>3<sup>rd</sup> degree Burn of Body, Neck &amp; Face</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>called 16</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>123</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1331 E 16<sup>th</sup> St</u>		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>JACKSON MO</u>		21f. HOW DID INJURY OCCUR? <u>Burns</u>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>12/27/52 11:20 AM</u>		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> HOME AT <input checked="" type="checkbox"/> WORK		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 _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>1617 E 13<sup>th</sup> St</u>		23c. DATE SIGNED <u>12/30/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>1-5-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WEST LAWN</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, KANS.</u>	
DATE REC'D BY LOCAL REG. <u>12-31-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BRADY-BROWN - K.C., MO.</u>			

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

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.