

FILED JAN 21 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44652**

BIRTH NO. _____ REG. DIST. NO. **150** PRIMARY REG. DIST. NO. **4239** Registrar's No. **1**

481

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lees Summit		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lees Summit 0481	
c. LENGTH OF STAY (In this place) 45yr		d. STREET ADDRESS (If rural, give location) 120 Monroe St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 120 Monroe St			

3. NAME OF DECEASED (Type or Print) Elizabeth Allene Jones	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 12-31-52
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 11-1900	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Greenwood Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME WW Thompson	13b. MOTHER'S MARDEN NAME Dollie Campbell	14. NAME OF HUSBAND OR WIFE WC Jones
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME WC Jones, Jr.	ADDRESS Lees Summit Mo
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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) Co of Cervix		INTERVAL BETWEEN ONSET AND DEATH 3 yrs
	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. 171X		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 **10-18, 1950**, to **12-31, 1952**, that I last saw the deceased alive on **12-31, 1952**, and that death occurred at **11:50 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE W. D. Knight (Degree or title)	23b. ADDRESS Lees Summit Mo	23c. DATE SIGNED 12-31-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE 1-2-53	24c. NAME OF CEMETERY OR CREMATORY Lees Summit	24d. LOCATION (City, town, or county) (State) Lees Summit Mo
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DATE REC'D BY LOCAL REG. 1-2-53	REGISTRAR'S SIGNATURE W. B. Langford	25. FUNERAL DIRECTOR'S SIGNATURE W. B. Langford	ADDRESS Lees Summit Mo
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MAR 20 1953

JUL 1 1953

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 N. B. Langford

Licensed Embalmer No. 3833

P. O. Address Lee's Summit

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.