

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1494

State File No.

155

Registrar's No.

FILED FEB 14 1953

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Belton, Mo. 0190-1	
c. LENGTH OF STAY (in this place) 1 week		d. STREET ADDRESS (If rural, give location) 616 Mill St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hosp.			

3. NAME OF DECEASED (Type or Print)	a. (First) James Perry	b. (Middle) Lucius	c. (Last) JONES	4. DATE OF DEATH (Month) (Day) (Year) Jan. 11, 1953
-------------------------------------	-------------------------------	---------------------------	------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 14, 1875	9. AGE (In years last birthday) 77	10. MONTHS 7	11. DAYS 7	12. HOURS 7	13. MIN. 7
--------------------	-------------------------------	---	--------------------------------------	---	---------------------	-------------------	--------------------	-------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Retail Grocery	11. BIRTHPLACE (City and State or Foreign Country) Belton, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
---	---	--	---

13a. FATHER'S NAME J.D.L. Jones	13b. MOTHER'S MAIDEN NAME Belle Van Kirk	14. NAME OF HUSBAND OR WIFE Viola Jones
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. J. P. L. Jones	ADDRESS Belton, Mo.
---	-------------------------------------	--	----------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDITIS, CHRONIC		2 Yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CORONARY ARTERIOSCLEROSIS		10 Yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CARDIAC HYPERTROPHY, MARKED PULMONARY HYPOSTASIS		5 Yrs.	2 Mo.

19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION NONE	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) KANSAS CITY, JACKSON, MISSOURI
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NONE	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? NONE

22. I hereby certify that I attended the deceased from JAN. 12, 1954, to JAN. 11, 1953, that I last saw the deceased alive on JAN. 7, 1953, and that death occurred at 1:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE Herbert A. Tracy (Degree or title) M.D.D.	23b. ADDRESS BELTON, Mo.	23c. DATE SIGNED 1-12-53
--	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-14-53	24c. NAME OF CEMETERY OR CREMATORY Belton Cemetery	24d. LOCATION (City, town, or county) (State) Belton, Missouri
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. 1-13-53	REGISTRAR'S SIGNATURE Deraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE E. K. George & Sons	ADDRESS Belton, Mo.
---	--	---	----------------------------

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 Richard E. George

Licensed Embalmer No. 3958

P. O. Address Belton, Missouri

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.