

FILED FEB 18 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6040

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 573
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. LENGTH OF STAY (in this place) 4 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Belton, 0190,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hosp.		d. STREET ADDRESS (If rural, give location) 905 Cedar X		
3. NAME OF DECEASED (Type or Print) a. (First) Ora		b. (Middle) E	c. (Last) Jones	
4. DATE OF DEATH (Month) 2 (Day) 27 (Year) 53				
5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-14-1882	
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (City and State or Foreign Country) Granada, Kansas	
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Al Springer		13b. MOTHER'S MAIDEN NAME Almana Sigler		14. NAME OF HUSBAND OR WIFE William L. 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 Wm. L. Jones, Belton, Mo. ADDRESS
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 6 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Jan 21, 1953, to Jan 27, 1953, that I last saw the deceased alive on Jan 26, 1953, and that death occurred at 6:30 a.m., from the causes and on the date stated above.				
23a. SIGNATURE Sam D. Hooper MD (Degree or Title)		23b. ADDRESS Grandview, Mo		23c. DATE SIGNED Jan 27, 53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/29/53	24c. NAME OF CEMETERY OR CREMATORY Belton, Cemetery	24d. LOCATION (City, town, or county) (State) Belton, Mo.
DATE REC'D BY LOCAL REG. 1-28-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. K. George & Sons, Inc. Belton, Mo. By St. Adlard

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

27

11-9-5

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 Beeton, 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.