

STANDARD CERTIFICATE OF DEATH

13546

State File No.

FILED APR 27 1953

BIRTH NO.

REG. DIST. NO. 59

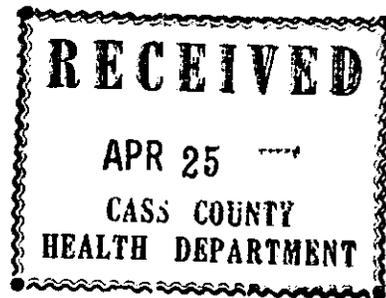
PRIMARY REG. DIST. NO. 4097

Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <i>Cass</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Cass</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Harrisonville</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Harrisonville</i>	
c. LENGTH OF STAY (in this place) <i>2 days</i>		d. STREET ADDRESS (If rural, give location) <i>701 So Independence Ave</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>701 So Independence Ave</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Mary</i>		b. (Middle) <i>Florence</i>	
c. (Last) <i>Jones</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Apr 16 1953</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed 2</i>	8. DATE OF BIRTH <i>April 18 - 1853</i>
9. AGE (In years last birthday) <i>99</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	11. BIRTHPLACE (State or foreign country) <i>Cass county Mo. U.S.A.</i>
12. CITIZEN OF WHAT COUNTRY		13. FATHER'S NAME <i>Edmond Lee Tuggle</i>	
14. MOTHER'S MAIDEN NAME <i>Liza Ann Harris</i>		15. NAME OF HUSBAND OR WIFE <i>J. B. Jones</i>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or name of service) <i>No</i>		17. SOCIAL SECURITY NO. <i>NONE</i>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		19. INFORMANT'S SIGNATURE OR NAME <i>Anna L. Brown</i> ADDRESS <i>7 Hill</i>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Senility</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DUE TO (b) <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>			
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 <i>794x</i>	
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) (Minute)		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 <i>Nov 25, 1952</i> , to <i>Jan 23, 1953</i> , that I last saw the deceased alive on <i>Jan 23, 1953</i> , and that death occurred at <i>6:30 a.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Paul H. Green D.O.</i> (Degree as title)		23b. ADDRESS <i>Harrisonville, Mo.</i>	
23c. DATE SIGNED <i>4-21-53</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>April 18 - 1953</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Friend Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Harrisonville Mo.</i>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>457-0</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>James Hughes</i> ADDRESS <i>Harrisonville Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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 James R. Philly's
Licensed Embalmer No. 4641

P. O. Address Harrisonville 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.