

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21858

State File No.

FILED JUN 20 1953

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5569 Registrar's No. 236

1. PLACE OF DEATH a. COUNTY <u>Jackson (Rural Precinct)</u>		2. USUAL RESIDENCE (Where deceased lived, if institution residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Raytown Brookings 1st 79th</u>	c. LENGTH OF STAY (In this place) <u>1 1/2</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Raytown (Rural Precinct)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9407 E. 65th St.</u>		d. STREET ADDRESS (If rural, give location) <u>9407 E. 65th St. 100%</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillie</u> b. (Middle) <u>May</u> c. (Last) <u>Jones</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 4, 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 22, 1878</u>	9. AGE (In years, last birthday) If UNDER 1 YEAR: <u>74</u> Months <u>10</u> Days If UNDER 14 HRS.: _____ Hours _____ Min.	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Skidmore Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John DeBord</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Jane Brown</u>	14. NAME OF HUSBAND OR WIFE <u>St. Logan Jones</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, show unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>St. Logan Jones Raytown Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia (hypostatic)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>72 hrs.</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</u>			<u>8 yrs</u>
	DUE TO (c) <u>Arterio sclerosis</u>			<u>15 yrs</u>
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 <u>✓</u>	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) <u>Raytown Mo.</u>
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? <u>331X</u>

22. I hereby certify that I attended the deceased from Jan, 1939, to June 4, 1953, that I last saw the deceased alive on June 3, 1953, and that death occurred at 5 A.M. from the causes and on the date stated above.

23a. SIGNATURE <u>W. M. Mankin M.D.</u>	23b. ADDRESS <u>Raytown, Mo.</u>	23c. DATE SIGNED <u>6-5-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 6, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Independence Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ed Clark Heger Raytown Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-6-53</u>	REGISTRAR'S SIGNATURE <u>James O. Clark</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

100

MAY 6 1953

APR 19 1954

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 *Clark Regent*

Licensed Embalmer No. *3983*

P. O. Address *Raytown, 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.