

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24903

State File No.

FILED JUL 28 1953

3458

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</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>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>4 das.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Grandview</u>		TOWN <u>7000</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>13120 Grandview Rd.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MYRA</u>		b. (Middle) <u>IDOL</u>		c. (Last) <u>JONES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 10 53</u>	
5. SEX <u>Fe</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>6/7/78</u>	
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.			
10a. 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>Ash Co. N.C. 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph M. Idol</u>		13b. MOTHER'S MAIDEN NAME <u>Eunice Weiss</u>		14. NAME OF HUSBAND OR WIFE <u>Benjamin S. Jones</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eunice Smith Grandview 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>	
		ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>4201</u>	
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 <u>May 12, 1953</u> , to <u>July 10, 1953</u> , that I last saw the deceased alive on <u>July 10, 1953</u> , and that death occurred at <u>3 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Sam D. Hooper</u> (Degree or title)				23b. ADDRESS <u>Grandview, Missouri</u>		23c. DATE SIGNED <u>July 11, 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7/13/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-11-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. K. George & Sons Grandview Mo</u>			

(Licensed Embalmer's Statement on Reverse Side by S.S.B.)

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 _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed

Sterling E. Goddard

Licensed Embalmer No. *4911*

P. O. Address *Grandview 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.