No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32094

FILED SEP 21 1953

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 363

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Indrpendence
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Independence Sani & Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Jackson
c. CITY OR TOWN: Blue Springs
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 1901 W Walnut 7000

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): R
c. (Last): Jones.

4. DATE OF DEATH (Month) (Day) (Year): Sept 11 1953

5. SEX: M
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widdow
8. DATE OF BIRTH: Jan- 27 1873
9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HRS.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Mantainance
11. BIRTHPLACE (City and State or Foreign Country): Blue Springs Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Wm H Jones
13b. MOTHER'S MAIDEN NAME: Lucy Monygomery
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 495-03-7077
17. INFORMANT'S SIGNATURE OR NAME: Eugene Jones
ADDRESS: 5329 Woodland K.C.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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Thrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) hypertensive-cardio vascular disease — 10 yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Virus Influenza — 48 hrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201.
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1944, *to* Sept 10, 1953, *that I last saw the deceased alive on* Sept 10, 1953, *and that death occurred at* 9:52 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Merrill R. Bay M.D.
23b. ADDRESS: Blue Springs Mo
23c. DATE SIGNED: 9-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burrial
24b. DATE: Sept-13-1953
24c. NAME OF CEMETERY OR CREMATORY: Blue Springs Mem
24d. LOCATION (City, town, or county) (State): Blue Springs Mo

DATE REC'D BY LOCAL REG.: 9-12-53
REGISTRAR'S SIGNATURE: 354
25. FUNERAL DIRECTOR'S SIGNATURE: Webb Funeral Home
ADDRESS: Blue Springs Mo

(Licensed Embalmer's Statement on Reverse Side) R Webb

OCT 8 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R B Webb

Licensed Embalmer No. 23

P. O. Address Blue Sprin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.