

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42980**
Registrar's No. **5783**

FILED DEC 23 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5783

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (In this place) 45 Yrs	c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 1516 Brooklyn Street			e. STREET ADDRESS (If rural, give location) 1516 Brooklyn Street		

3. NAME OF DECEASED (Type or Print) Allie Belle			a. (First)	b. (Middle)	c. (Last) Jones	4. DATE OF DEATH (Month) (Day) (Year) 12 4 1953		
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5. SEX Female	3	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	2	8. DATE OF BIRTH 11-16-1876		9. AGE (In years last birthday) (Specify) 76	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 HRS. Hours	13. UNDER 1 HRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Middle, Tenn /			12. CITIZEN OF WHAT COUNTRY? U. S. A	
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13a. FATHER'S NAME William Cartwell		13b. MOTHER'S MAIDEN NAME Tobitha Kent		14. NAME OF HUSBAND OR WIFE Eugene Jones			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Walton, 1516 Brooklyn St, K.C. Missouri			
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18. CAUSE OF DEATH - Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) # Untreated Regurgitation		ANTECEDENT CAUSES					592X
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Chronic Venostatical nephritis					
		DUE TO (c) (a) Melicaria coma					
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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) Jackson MO	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **6/22/53**, to **12/4/53**, that I last saw the deceased alive on **12/4/53**, and that death occurred at **7:10 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L.W. Turner MD		23b. ADDRESS 1612 E 12		23c. DATE SIGNED 1/7/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-9-1953	24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		
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DATE REC'D BY LOCAL REG. 12-9-53	REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. J.W. Jones, 440 State Ave, K.C. Kansas		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

74-6336

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.....
Signature of Student Embalmer

Signed *Eugene English*.....

Licensed Embalmer No. *H. 1. 0.*

P. O. Address *4400 State*

K.C. - Kans.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.