

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42984**
5739

No. 300
10.48

FILED DEC 23 1953

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

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) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 4 YEARS		32490	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1422 BELLEFONTAINE AVENUE		d. STREET ADDRESS (If rural, give location) 1422 BELLEFONTAINE AVENUE	
3. NAME OF DECEASED (Type or Print) TOMMIE		a. (First) A	b. (Middle) JONES
c. (Last) JONES		4. DATE OF DEATH (Month) (Day) (Year) 12-4-53	
5. SEX 1 FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH 12-12-1870
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	11. BIRTHPLACE (City and State or Foreign Country) PARIS, KENTUCKY
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME GRAY SMITH	
13b. MOTHER'S MAIDEN NAME TOMMIE ALLEN		14. NAME OF HUSBAND OR WIFE CHARLES K. JONES, DECEASED	
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 FLOYD R. JONES, ANNE ARD CITY, MISSOURI		ADDRESS 3630 MERRINGTON ST.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 2 Days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive arterio- DUE TO (c) Sclerotic disease	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331X	
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) m.	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 8/5/49 , 19 <u>49</u> , to 12/4 , 19 <u>53</u> , that I last saw the deceased alive on 12/3 , 19 <u>53</u> , and that death occurred at 5:35 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE J. W. Young (Degree or title) M.D.		23b. ADDRESS 1401 S. W. Blvd. HOK	
23c. DATE SIGNED 12/5/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DEC 7 1953	24c. NAME OF CEMETERY OR CREMATORY ELMWOOD CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
DATE REC'D BY LOCAL REG. 12-7-53		REGISTRAR'S SIGNATURE Heraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE H. H. Newcomer's Sons		331 Broadway	

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

12:30.5

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 John B. Lewis

Licensed Embalmer No. 4875

P. O. Address KCMO

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.