

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1379

State File No.

64

FILED JAN 27 1954

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY JACKSON		a. STATE KANSAS		b. COUNTY JOHNSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY, MISSOURI		c. LENGTH OF STAY (in this place) 2 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 5630 ROLAND DRIVE		8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST MARY'S HOSPITAL				d. STREET ADDRESS MISSION,			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) BYRDIE	b. (Middle) MAE	c. (Last) JONES	(Month) JANUARY	(Day) 5	(Year) 1954		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH OCTOBER 17, 1885	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR 2 Months 18 Days	IF UNDER 12 HRS. 8 Hours 18 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MT. STERLING, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME BENJAMIN MYERS		13b. MOTHER'S MAIDEN NAME MARY BISSELL		14. NAME OF HUSBAND OR WIFE GEO. L. JONES (DECEASED)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME MRS. GORDON STURTZ ADDRESS 5630 ROLAND DR.			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis				3 yrs	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) Arteriosclerotic heart disease					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS				4200	
		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 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>9/4</u> , 19 <u>53</u> , to <u>1/5</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>9/4</u> , 19 <u>54</u> , and that death occurred at <u>325 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE G.R. Maser (Degree or title) MD				23b. ADDRESS MISSION KS		23c. DATE SIGNED 1/5/54	
24a. BURIAL CREMATION(REMOVAL) (Specify) RECEIVED		24b. DATE 1-5-54	24c. NAME OF CEMETERY OR CREMATORY Johnson's Memorial		24d. LOCATION (City, town, or county) (State) OLATHE, JOHNSON KANSAS		
DATE REC'D BY LOCAL REG. 1-6-54		REGISTRAR'S SIGNATURE Sherdine Smith		25. FUNERAL DIRECTOR'S SIGNATURE H. E. JULIEN ADDRESS OLATHE, KANSAS			

(Licensed Embalmer's Statement on Reverse Side)

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

19 10 94

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.

Signed.....

Chester L. Fleming

Signed.....

Student Embalmer

Licensed Embalmer No. *7569*

P. O. Address *Wathe Kansas*

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.