

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8739

State File No. ....

BIRTH NO. **FILED MAR 31 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1115**

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b> |  | c. CITY OR TOWN <b>Kansas City</b>  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <b>38 yrs.</b>  |  | d. STREET ADDRESS (If rural, give location) <b>300 Norton</b>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>300 Norton</b>                                      |  |   |   |

|  |                               |   |   |   |   |                           |
|--|-------------------------------|---|---|---|---|---------------------------|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Catherina</b> b. (Middle) <b>May</b> c. (Last) <b>JONES</b> |                               |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Mar. 11, 1954</b>         |   |   |                           |
| 5. SEX <b>Female</b>   | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>6-29-93</b>                                       | 9. AGE (In years last birthday) <b>60</b> | IF UNDER 1 YEAR Months Days             | IF UNDER 1 HR. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>       |                               | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and State or Foreign Country) <b>Piqua, Ohio</b> |   | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b> |                           |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 13a. FATHER'S NAME <b>Marquette</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>Coalman</b> |  | 14. NAME OF HUSBAND OR WIFE <b>Charles R. Jones</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b> |  | 16. SOCIAL SECURITY NO.                  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Chas. R. Jones, 300 Norton, K. C., Mo.</b> |  |

|   |   |  |   |
|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bacterial Endocarditis</b>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 year</b> |
|   | ANTECEDENT CAUSES<br><b>Chronic Interstitial Nephritis</b>  |  |   |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>Conditions contributing to the death but not related to the disease or condition causing death. |  | <b>592X</b>                                       |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 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 **June 1, 1953**, to **Mar 11, 1954**, that I last saw the deceased alive on **Mar 11, 1954**, and that death occurred at **11:27 p.m.**, from the causes and on the date stated above.

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 23a. SIGNATURE <b>Chas. S. Nelson</b> (Degree or title) <b>MD</b> |  | 23b. ADDRESS <b>3626 1/2 Independence</b> |  | 23c. DATE SIGNED <b>3-12-54</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>        |  | 24b. DATE <b>3-15-54</b>                  |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood</b>                          |  |
|   |  |   |  | 24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b> |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. <b>3-12-54</b> |  | REGISTRAR'S SIGNATURE <b>Geraldine Smith</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Melody-McGilley-Kylar, Kansas City, Mo.</b> |  |
|---|--|--|--|--|--|

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

Mr. Chas Nelson  
3626 1/2 Indep. Ave.  
after 1<sup>st</sup>.

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 *Melvin Barteaux*.....

Licensed Embalmer No. *49*.....

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