

FILED JUL 6 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19256

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 242

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Jackson</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Missouri</b> b. COUNTY<br><b>Jackson</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give town or township)<br><b>Independence</b> |  | c. CITY OR TOWN<br><b>Independence</b>  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place)<br><b>9 mos.</b>  |  | e. STREET ADDRESS (If rural, give location)<br><b>1506 South Pearl</b> <i>10050</i>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>1506 South Pearl</b>                                  |  |   |  |

|  |             |                           |                        |                    |                       |
|--|-------------|---------------------------|------------------------|--------------------|-----------------------|
| 3. NAME OF DECEASED<br>(Type or Print) |             |                           | 4. DATE OF DEATH       |                    |                       |
| a. (First)<br><b>Grant</b>             | b. (Middle) | c. (Last)<br><b>Jones</b> | (Month)<br><b>June</b> | (Day)<br><b>21</b> | (Year)<br><b>1954</b> |

|                       |                                  |  |  |  |                                       |                                       |                  |                 |
|-----------------------|----------------------------------|--|--|--|---------------------------------------|---------------------------------------|------------------|-----------------|
| 5. SEX<br><b>Male</b> | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b> | 8. DATE OF BIRTH<br><b>Se pt 3, 1864</b> | 9. AGE (In years last birthday)<br><b>89</b> | IF UNDER 1 YEAR<br>Months<br><b>9</b> | IF UNDER 24 HRS.<br>Days<br><b>18</b> | Hours<br><b></b> | Min.<br><b></b> |
|-----------------------|----------------------------------|--|--|--|---------------------------------------|---------------------------------------|------------------|-----------------|

|  |                                   |  |                              |
|--|-----------------------------------|--|------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Miller Co. Missouri</b> | 12. CITIZEN OF WHAT COUNTRY? |
|--|-----------------------------------|--|------------------------------|

|  |  |  |
|--|--|--|
| 13a. FATHER'S NAME<br><b>Lewis Jones</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Elizabeth Hill</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Sarah Jones dec.</b> |
|--|--|--|

|  |  |  |         |
|--|--|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>None</b> | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Mrs. John Taylor</b> | ADDRESS |
|--|--|--|---------|

|   |   |  |  |
|---|---|--|--|
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><b>5 years</b><br><b>5 years</b> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>My pericardial disease</b>  |  |  |
|   | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>vascular disease</b><br>DUE TO (c) <b>arterio-sclerosis</b> |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|---|

|  |  |   |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOME KID (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 **Oct 1st, 1953**, to **June 21, 1954**, that I last saw the deceased alive on **Apr 30, 1954**, and that death occurred at **4:15 p.m.** from the causes and on the date stated above.

|   |                   |                                   |                                    |
|---|-------------------|-----------------------------------|------------------------------------|
| 23a. SIGNATURE<br><b>Fred W. Dick, M.D.</b> | (Degree or title) | 23b. ADDRESS<br><b>Harmon, Ia</b> | 23c. DATE SIGNED<br><b>6/21/54</b> |
|---|-------------------|-----------------------------------|------------------------------------|

|   |                                 |  |  |
|---|---------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b> | 24b. DATE<br><b>June 21, 54</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Rose Hill</b> | 24d. LOCATION (City, town, or county) (State)<br><b>Lamoni, Iowa</b> |
|---|---------------------------------|--|--|

|  |   |   |                             |
|--|---|---|-----------------------------|
| DATE REC'D BY LOCAL REG.<br><b>6-21-54</b> | REGISTRAR'S SIGNATURE<br><b>[Signature]</b> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Roland R. Speaks</b> | ADDRESS<br><b>Indep. Mo</b> |
|--|---|---|-----------------------------|

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

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 *Richard R. Specker*

Licensed Embalmer No. *360*

P. O. Address *Indep 77*

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.