

FILED FEB 8 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. **1182**  
**281**

|   |                               |   |  |  |   |  |  |
|---|-------------------------------|---|--|--|---|--|--|
| BIRTH NO. _____   |                               | REG. DIST. NO. <u>149</u>   |  | PRIMARY REG. DIST. NO. <u>1002</u>   |   | Registrar's No. _____  |  |
| 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)<br>OR TOWN <b>KANSAS CITY</b>  |                               | c. LENGTH OF STAY (in this place)<br><b>26 yrs.</b>   |  | c. CITY OR TOWN <b>KANSAS CITY</b>   |   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. MARYS HOSPITAL</b>   |                               |   |  | STREET ADDRESS (If rural, give location)<br><b>3508 WINDSOR</b>  |   |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>ERNEST</b>   |                               | b. (Middle) <b>MARTIN</b>   |  | c. (Last) <b>JONES</b>   |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>JAN. 20-1955</b>   |  |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>   | 8. DATE OF BIRTH <b>Jan. 31-1888</b>                     |  | 9. AGE (In years last birthday) <b>66 yrs</b>                                 | IF UNDER 1 YEAR<br>Months _____ Days _____   | IF UNDER 2 HRS.<br>Hours _____ Mins. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Sales &amp; Mfg.</b>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Arch Supports</b>   |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Three Oaks, Michigan</b>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |  |
| 13a. FATHER'S NAME<br><b>Otis Jones</b>   |                               |   | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Ann Martin</b>      |  | 14. NAME OF HUSBAND OR WIFE<br><b>Virginia J. Jones</b>                       |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>   |                               | 16. SOCIAL SECURITY NO.<br><b>494-12-7200</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mrs. Virginia J. Jones--Wife</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, asthenia, etc. It means the disease, injury, or complication which caused death.   |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>Diabetes mellitus</b> |  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 yrs.</b><br><br><b>4200</b><br><br><b>2 yrs.</b>  |  |
| 19a. DATE OF OPERATION  |                               | 19b. MAJOR FINDINGS OF OPERATION  |  |  |   | 20. AUTOPSY?<br>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 <u>10-1</u> , 19 <u>52</u> , to <u>1-20</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1-20</u> , 19 <u>55</u> , and that death occurred at _____ m., from the causes (and on the date stated above). |                               |   |  |  |   |  |  |
| 23a. SIGNATURE (Degree or title)<br><b>Graham Owens M.D.</b>  |                               |   |  | 23b. ADDRESS<br><b>906 Grand</b>   |   | 23c. DATE SIGNED<br><b>1-21-55</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                               | 24b. DATE<br><b>1/22/55</b>   | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Forest Hill</b> |  | 24d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Missouri</b> |  |  |
| DATE REC'D BY LOCAL REG.<br><b>1-21-55</b>  |                               | REGISTRAR'S SIGNATURE<br><b>Neva Marshall</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>QUIRK &amp; TOBIN-20 W. Linwood, K.C. Mo.</b>   |   |  |  |

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

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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 *Forrest D. Coldenow*

Licensed Embalmer No. *4714*

P. O. Address *K.C. 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.