

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4887

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 791

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>6 yrs.</u>	c. CITY OR TOWN <u>K. C. North</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		STREET ADDRESS (If rural, give location) <u>4914 Parklane (Little Village Addn)</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Daniel</u> b. (Middle) <u>William</u> c. (Last) <u>Jones, Jr.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 21, 1955</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 4, 1910</u>
9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>T.W.A. Instrument Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>ARVONIA, Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Daniel William Jones</u>	13b. MOTHER'S MAIDEN NAME (M.R.) <u>Mary Lillian Jones</u>	14. NAME OF HUSBAND OR WIFE <u>Marian Jones (Widow)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>227-10-5683</u>	17. INFORMANT'S SIGNATURE OR NAME (Address) <u>Mrs. Marian Jones - 4914 Parklane (K.C.)</u>	

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, assthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MELANOMA, right shoulder skin origin</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>191X</u>

19a. DATE OF OPERATION <u>MO</u>	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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) _____ 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 Dec 1954 to Feb 21, 1955, that I last saw the deceased alive on 2-20, 1955 and that death occurred at 7:28 p.m. from the causes and on the date stated above.

23a. SIGNATURE <u>J. Paul Frick</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>814 Park Blvd</u>	23c. DATE SIGNED <u>2-21-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2-21-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Williamsburg Virginia</u>
24d. LOCATION (City, town, or county), (State)		

DATE REC'D BY LOCAL REG <u>2-21-55</u>	REGISTRAR'S SIGNATURE <u>Reva Minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer</u> ADDRESS <u>Lone N.K.C.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

11/19/77

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 *Blair H. Hill*

Licensed Embalmer No... 450

P. O. Address... K.C. 66

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.