

FILED APR 18 1955

STANDARD CERTIFICATE OF DEATH

State File No. **11051**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **386**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 14 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 2629 Edmond Street		e. STREET ADDRESS (If rural, give location) 2629 Edmond Street	

3. NAME OF DECEASED (Type or Print) a. (First) Lillie b. (Middle) B. c. (Last) Jones			4. DATE OF DEATH (Month) (Day) (Year) April 12, 1955		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH December 16, 1871		9. AGE (In years last birthday) 83		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and State or Foreign Country) Platte Co., Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Ezra Brown		13b. MOTHER'S MAIDEN NAME Nancy Allison		14. NAME OF HUSBAND OR WIFE William H. Jones	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) *****		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Charles Lechler	
				ADDRESS St. Joseph, Mo.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Cardio-vascular-renal disease		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Fracture left femur and Pelvis 12/9/54					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442XF		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) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 11/26, 1954, to 4/10, 1955, that I last saw the deceased alive on 4/10, 1955, and that death occurred at 3:55A. m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) M.D.		23b. ADDRESS 620 Francis St., City		23c. DATE SIGNED 4/12/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 14, 1955		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.	
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DATE REC'D BY LOCAL REG. Apr. 14, 1955		REGISTRAR'S SIGNATURE <i>[Signature]</i> 4850		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		ADDRESS St. Joseph, Mo.	
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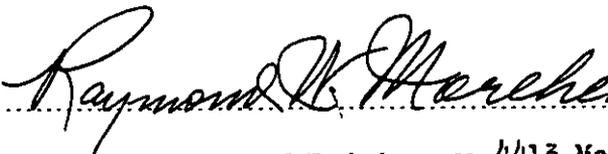
(Licensed Embalmer's Statement on Reverse Side)

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^{***1}.....^{****}....., Student Embalmer No.^{***}..... working under my personal supervision..

Student.....^{***}.....^{***}.....
Signature of Student Embalmer

Signed..........

Licensed Embalmer No. 4413 Mo

P. O. Address St. Joseph, 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.