

11983

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 28 1955

State File No.

 BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1601

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|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u> | | c. CITY OR TOWN <u>KANSAS CITY</u> | 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) <u>Lifetime</u> | | e. STREET ADDRESS (If rural, give location) <u>1031 ELMWOOD</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSPITAL</u> | | | |

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|---|-------------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>COY</u> b. (Middle) <u>JUNIOR</u> c. (Last) <u>JONES</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 9 1955</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>December 21, 1932</u> | 9. AGE (In years last birthday) <u>22</u> | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FOX SYRUP Co.</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Springfield, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |

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| 13a. FATHER'S NAME <u>COY J. JONES, Sr</u> | | 13b. MOTHER'S MAIDEN NAME <u>TRESSIE SMITH</u> | | 14. NAME OF HUSBAND OR WIFE <u>Doris JONES</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes PL 28 (Korean)</u> | | 16. SOCIAL SECURITY NO. <u>491-22-2530</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Official VA Hospital Records, K. C. Mo.</u> | |

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|--|--|---|--|--|--|
| 18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) | | 18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) | | INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute pulmonary edema and congestion</u> | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 5 months | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) <u>Rhabdomyosarcoma left gluteal muscle</u> | |
| | | DUE TO (c) | | 1971 | |

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|--|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 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. <u>VA</u> | | 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 February 11 1955, to April 9 1955, that I last saw the deceased XXXXXX and that death occurred on 11:20Pm., from the causes and on the date stated above.

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|--|--|---|--|---------------------------------|--|
| 23a. SIGNATURE <u>Gene F. Armstrong MD</u> (Degree of title) | | 23b. ADDRESS <u>VA Hospital 4801 Linwood Blvd. Kansas City, Mo.</u> | | 23c. DATE SIGNED <u>4-10-55</u> | |
|--|--|---|--|---------------------------------|--|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>4-11-55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>BROOKLINE CEM</u> | | 24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD MO</u> | |
|--|--|--------------------------|--|---|--|---|--|

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| DATE REC'D BY LOCAL REG <u>4-11-55</u> | | REGISTRAR'S SIGNATURE <u>Neva Marshall</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's</u> | | ADDRESS <u>No. K.C. Mo</u> | |
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(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 *Glenn H. Hill*.....

Licensed Embalmer No. 42

P. O. Address R.C. 16

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.