

FILED JUL 11 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17785

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 662

I. 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. LENGTH OF STAY (in this place) most of life c. CITY OR TOWN St. Joseph d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Parkview at Sunnyslope  
2225 S. 11th St. e. STREET ADDRESS (If rural, give location) 3225 S. 11th St. 6110

3. NAME OF DECEASED (Type or Print) a. (First) Randolph b. (Middle) Innis c. (Last) Jones 4. DATE OF DEATH (Month) (Day) (Year) June 30, 1955

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married 8. DATE OF BIRTH March 4, 1871 9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) horse trader 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and State or Foreign Country) Lynchburg, Virginia 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Richard H. L. Jones 13b. MOTHER'S MAIDEN NAME Margerie Ann Franklin 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Mrs. M.R. Miller, 17709 Franklin Blvd., Lakewood, Ohio ADDRESS

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral Hemorrhage 29th  
ANTECEDENT CAUSES Arteriosclerosis over 1 yr  
DUE TO (b) 33ix  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS Arthritis over 1 yr  
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? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-11, 1955, to 6-30, 1955, that I last saw the deceased alive on 6-21, 1955, and that death occurred at 2:20 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Deceased or Informant) 23b. ADDRESS 218 N. Seventh St. St. Joseph 54, Missouri 23c. DATE SIGNED 7-1-55

24a. BURNIAL, CREMATION, REBURY (Specify) 24b. DATE 7/2/1955 24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery 24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri

DATE REC'D BY LOCAL REG. July 5, 1955 REGISTRAR'S SIGNATURE Esther M. Allison 485 FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

*Dr. Clifton Smith*

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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 *James P. Hawke*.....  
Licensed Embalmer No. 45.....

P. O. Address 319 So 10th St.....

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.