

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18752**

FILED JUN 16 1955

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2201**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) Life	c. CITY OR TOWN INDEPENDENCE
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL STREET ADDRESS 415 SOUTH FOREST (If rural, give location) 1205/1			

3. NAME OF DECEASED (Type or Print) a. (First) ORA b. (Middle) THOMAS c. (Last) JONES			4. DATE OF DEATH (Month) (Day) (Year) May 19, 1955		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 4, 1892	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and State or Foreign Country) Sedalia, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George Jones	13b. MOTHER'S MAIDEN NAME Mary Vaughn	14. NAME OF HUSBAND OR WIFE Mynie
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWT	16. SOCIAL SECURITY NO. 499 07 6407	17. INFORMANT'S SIGNATURE OR NAME VA Hospital Official Records, K. C. Mo. ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema and congestion		INTERVAL BETWEEN ONSET AND DEATH 2 days
	ANTECEDENT CAUSES *Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute urinary retention		3 days
	DUE TO (c) Bilateral ureteral transplantation to ileo bladder		6 days
	II. OTHER SIGNIFICANT CONDITIONS (d) Transitional cell carcinoma of urinary bladder Conditions contributing to the death but not related to the disease or condition causing death.		? 1 mo.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA 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 **April 12, 1955, to May 19, 1955**, and that death occurred at **10:20Pm.**, from the causes and on the date stated above.

22a. SIGNATURE Gene F. Armstrong, M.D. (Degree or title)	23b. ADDRESS VA Hospital, Kansas City, Mo.	23c. DATE SIGNED 5/20/55
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24a. BURIAL CREMA TION (Remove if not applicable) BURIAL	24b. DATE 5-23-55	24c. NAME OF CEMETERY OR CREMATORY MOUND GROVE CEMETERY INDEPENDENCE, MISSOURI	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 5-21-55	REGISTRAR'S SIGNATURE Melva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWCOMER'S SONS ADDRESS 1331 ADDRESS K.C. MO BRUSH CREEK BLVD
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Albert L. Savage*

Licensed Embalmer No. *48*

P. O. Address *Kansas*

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.