

FILED JUL 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22535

State File No.

BIRTH NO. _____ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY OR TOWN Hickman Mills R.R. #1		c. CITY OR TOWN Hickman Mills	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 5 yrs		e. STREET ADDRESS (If rural, give location) 87th & Hillcrest Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION 87th & Hillcrest Road			

3. NAME OF DECEASED (Type or Print) a. (First) Isaac b. (Middle) Brunk c. (Last) Jones			4. DATE OF DEATH (Month) (Day) (Year) 7-5-55		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH 9-21-76		9. AGE (In years last birthday) 78		10. UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) painter		10b. KIND OF BUSINESS OR INDUSTRY painting		11. BIRTHPLACE (City and State or Foreign Country) St. Charles Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Martin E. Jones		13b. MOTHER'S MAIDEN NAME Alice Jones		14. NAME OF HUSBAND OR WIFE Abbie Jones.	
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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. 514-16-9775		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Abbie Jones. 87th & Hillcrest Ra.	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocarditis			INTERVAL BETWEEN ONSET AND DEATH 1 hour
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) chronic nephritis			1 year
		DUE TO (c) hypertension			1 year
		II. OTHER SIGNIFICANT CONDITIONS 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 <input type="checkbox"/> NO <input checked="" 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) (Min.)			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 January 19 46 to July 5, 1955, that I last saw the deceased alive on July 5, 1955, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Carl T. Moore		23b. ADDRESS No. 2 6425 23rd. K.C. 29th		23c. DATE SIGNED 7-6-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 7-5-55		24c. NAME OF CEMETERY OR CREMATORY Hope Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City Kansas	
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DATE REC'D BY LOCAL REG. 7/7/55		REGISTRAR'S SIGNATURE Stirling O. Juddard		STATE FURNERAL DIRECTOR'S SIGNATURE ADDRESS WARNICK CUSTER LEADS KANSAS CITY KANS.	
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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 *M. M. Swisher*.....

Licensed Embalmer No. *350*

P. O. Address *Ke N...*

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.