

FILED SEP 7 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26253

3735

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3735

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	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) <b>6 years</b>		e. STREET ADDRESS (If rural, give location) <b>709 Washington</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>		31180	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>George</b>	b. (Middle) <b>e</b>	c. (Last) <b>Jones</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>8 23 1955</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, OR WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>March 9, 1876</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Of kind of work done during most of working life, even if retired) <b>Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Dentist</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Blackwater Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>500-20-2926</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Hospital Records</b>	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Fracture of left hip</b>		
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) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Above address</b>	21c. (CITY, TOWN, OR TOWNSHIP) <b>Kansas City, Jackson, Missouri</b> (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>8 7 1955 m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Fall</b>
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22. I hereby certify that I attended the deceased from Aug. 7, 1955, to Aug. 23, 1955, that I last saw the deceased alive on Aug. 23, 1955, and that death occurred at 7:10A m., from the causes and on the date stated above.

23a. SIGNATURE <b>B. I. Burns (Degree or title) D</b>	23b. ADDRESS <b>24th &amp; Cherry</b>	23c. DATE SIGNED <b>8-23-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removed</b>	24b. DATE <b>Aug 24 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pilot Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Pilot Grove Missouri</b>
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DATE REC'D BY LOCAL REG <b>8-24-55</b>	REGISTRAR'S SIGNATURE <b>Neva Mitchell</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hay &amp; Painter Funeral Home</b>	ADDRESS <b>Pilot Grove Missouri</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
*Chas E. White*

Licensed Embalmer No. *26*

P. O. Address *17 C St*

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.