

No. 300
10.48

FILED AUG 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26254
Registrar's No. 3427

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Clay | |
| b. CITY OR TOWN KANSAS CITY | c. LENGTH OF STAY (in this place) 2 mo. | c. CITY OR TOWN GASHLAND | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Malotte Nursing Home | | e. STREET ADDRESS (If rural, give location) 6001 | |

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|---|------------|-------------|-----------------|---|
| 3. NAME OF DECEASED (Type or Print) MABEL | a. (First) | b. (Middle) | c. (Last) JONES | 4. DATE OF DEATH (Month) (Day) (Year) July 28, 1955 |
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|---------------|------------------------|--|--------------------------------|--------------------------------------|--|--|-------------------------------------|
| 5. SEX FEMALE | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Widowed | 8. DATE OF BIRTH Aug. 20, 1879 | 9. AGE (In years) (last birthday) 75 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 11. BIRTHPLACE (City and State or Foreign Country) 9 | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
|---------------|------------------------|--|--------------------------------|--------------------------------------|--|--|-------------------------------------|

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| 13a. FATHER'S NAME | 13b. MOTHER'S MAIDEN NAME | 14. NAME OF HUSBAND OR WIFE Charles Jones |
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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) No | 16. SOCIAL SECURITY NO. - | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS EDWARD F. JONES LOS ANGELES CALIF. |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis | | INTERVAL BETWEEN ONSET AND DEATH 3 1/2 |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 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) 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 6:00 P.M., 1955, to 7:28 P.M., 1955, that I last saw the deceased alive on 7-28-55, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Frank Paul Laureanza M.D. | 23b. ADDRESS 428 South White Ave | 23c. DATE SIGNED 7-28-55 |
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|---|------------------|--|--|
| 24a. BURIAL, CREMATION (Specify) Burial | 24b. DATE 8-6-55 | 24c. NAME OF CEMETERY OR CREMATORY BARRY | 24d. LOCATION (City, town, or county) (State) Missouri |
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| DATE REC'D BY LOCAL REG. 8-6-55 | REGISTRAR'S SIGNATURE neva minshall | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1731 K.C.Mo. D.W. NEWCOMER'S TONT BRUSH CREEK BLVD |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Frank Paul Laureanza

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 *Adrian Jay Stettin*
Licensed Embalmer No. *488*
P. O. Address *K.C., Mo.*

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.