

FILED OCT 31 1955

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

32566

32566

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>3012</u>		Registrar's No. <u>96</u>	
1. PLACE OF DEATH a. COUNTY <u>CLAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>EXCELSIOR SPRINGS</u>		c. LENGTH OF STAY (in this place) <u>17 YRS.</u>		c. CITY OR TOWN <u>EXCELSIOR SPRINGS</u>		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 <u>KIBLER ST.</u>				STREET ADDRESS (If rural, give location) <u>KIBLER ST.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u>		b. (Middle) <u>ALBERT</u>		c. (Last) <u>JONES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 10 1955</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB. 11, 1896</u>	
9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STOCK ROOM EMPLOYEE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>COOK PAINT CO.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>GREAT BEND, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>HENRY JONES</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA ?</u>		13c. NAME OF HUSBAND OR WIFE <u>BIRTHA JONES</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-26-6011</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>BIRTHA JONES KIBLER ST. EXCELSIOR SPRINGS, MO.</u>			
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) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>4201</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>years.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>2-25</u> , 19 <u>53</u> , to <u>10/10</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>10/10</u> , 19 <u>53</u> , and that death occurred at <u>3:30</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Augustine P. Robinson M.D.</u> (Degree or title)				23b. ADDRESS <u>Excelsior Springs, Mo.</u>		23c. DATE SIGNED <u>10-12-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-13-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CROWN HILL</u>		24d. LOCATION (City, town, or county) (State) <u>EXCELSIOR SPRINGS, MO.</u>	
DATE REC'D BY LOCAL REG. <u>10/16/55</u>		REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clarence Richard</u>		ADDRESS <u>Excelsior Springs, Mo.</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

300  
48



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 *Ralph E Van Landingham*

Licensed Embalmer No. *40*

*Excelsior Springs*  
P. O. Address

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.