

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33316

State File No.

4166

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>50 YEARS</u>		c. CITY OR TOWN <u>KANSAS CITY</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>4316 ROCKHILL ROAD</u>				e. STREET ADDRESS (If rural, give location) <u>4316 ROCKHILL ROAD</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>CORRA</u>		b. (Middle) <u>CHESTER</u>		c. (Last) <u>JONES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPTEMBER 24 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>JULY 10 1881</u>			
9. AGE (In years last birthday) <u>74</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>BROKER</u>				10b. KIND OF BUSINESS OR INVESTMENT <u>GEOR. BAUM & CO. Y INVESTMENT</u>		11. BIRTHPLACE (City and State or Foreign Country) / <u>PEOCHE NEVADA</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>									
13a. FATHER'S NAME <u>ALBERT A. JONES</u>			13b. MOTHER'S MAIDEN NAME <u>LIDA HOFFMAN</u>			14. NAME OF HUSBAND OR WIFE <u>MRS. PEARL JONES</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>495-10-2055</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. PEARL JONES</u> ADDRESS <u>4316 ROCKHILL RD. KANSAS CITY, 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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial infarction</u>				DUE TO (b) <u>Acute Coronary Occlusion</u>				<u>30 minute</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Arteriosclerotic Heart Disease</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>4200</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) (Min.)		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>6-22-52</u> , 19 <u> </u> , to <u>9-24-55</u> , 19 <u> </u> , that I last saw the deceased alive on <u>9-24-55</u> , 19 <u> </u> , and that death occurred at <u>5:30 A.</u> -m., from the causes and on the date stated above.									
23a. SIGNATURE <u>John H. Wheeler</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>411 Nichols Road, Kansas City, Mo.</u>				23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>SEPT 26 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>D.W. NEWCOMB'S SONS</u>		24d. LOCATION (City, town, or county) <u>KANSAS CITY MISSOURI</u> <u>9-24 State</u>			
DATE REC'D BY LOCAL REG. <u>9-26-55 new</u>		REGISTRAR'S SIGNATURE <u>new</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Newcomb's Sons</u> ADDRESS <u>1391 BRUSH CREEK KANSAS CITY, MO.</u>					

(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.....
John A. Lewis
Licensed Embalmer No..... 487

P. O. Address..... K C M

. Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.