

FILED FEB 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1379

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>164</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>JACKSON</u>		b. CITY (If outside corporate limits, write RURAL and give town or township) <u>KANSAS CITY</u>		a. STATE <u>KANSAS</u>		b. COUNTY <u>WYANDOTT</u>	
c. LENGTH OF STAY (in this place) <u>2 1/2</u> days		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		d. STREET ADDRESS (If rural, give location) <u>306 N. 21ST ST</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LAKESIDE HOSPITAL</u>				9. AGE (In years last birthday) <u>79</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MARTHA</u>		b. (Middle) <u>MABEL</u>		c. (Last) <u>JONES</u>	
4. DATE OF DEATH		(Month) <u>JAN</u>		(Day) <u>17</u>		(Year) <u>1956</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>SEPT. 12, 1876</u>	
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 11 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>ONTARIO, CANADA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JOHN WILSON</u>	
13b. MOTHER'S MAIDEN NAME <u>Jane Payne</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM JONES</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Phillip E. Jones</u>		6926 ADDRESS <u>Flloyd Overland Blvd</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u> gastric hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>		*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES		DUE TO (b) <u>Generalized carcinoma</u>		DUE TO (c) <u>Primary carcinoma of liver</u>			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Head of carcinoma</u>		157 K			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>Sept. 10, 1956</u> , to <u>1-11-</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1-11-</u> , 19 <u>56</u> , and that death occurred at <u>8:00 p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>S. Riley King</u>		(Degree or title) <u>Dr.</u>		23b. ADDRESS <u>Overland Park, Ks.</u>		23c. DATE SIGNED <u>1-11-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-11-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>1-13-56</u>		REGISTRAR'S SIGNATURE <u>Neva Minahall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A Floral Hills Chapel</u> ADDRESS <u>KC, Mo</u>			

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
Student Embalmer

Signed *Russ Blanford*.....

Licensed Embalmer No. *4015*.....

P. O. Address *100K*.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.