

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4884**
Registrar's No. **384**

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. CITY OR TOWN Kansas City | d. 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) 25 yrs | | e. STREET ADDRESS (If rural, give location) 2225 Olive Street | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2225 Olive Street | | | |

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|--|-------------------------------|---|--|-----------------|---|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) Mary | b. (Middle) | c. (Last) Jones | (Month) Jan. | (Day) 26 | (Year) 1956 |
| 5. SEX Female | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH 1873 | | 9. AGE (In years last birthday) 83 |
| 10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) At home | | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (City and State or Foreign Country) Whitehead Oklahoma | | 12. CITIZEN OF WHAT COUNTRY? USA |

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|---|--|---|
| 13a. FATHER'S NAME Joseph Harris | 13b. MOTHER'S MAIDEN NAME Polly Philips | 14. NAME OF HUSBAND OR WIFE Charlie Jones |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Orville Bunting ADDRESS 2521 Brooklyn |

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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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 174 1/2 |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Failure | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. CA of Uterus UR emia | | |
| 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"/> |
| 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 1 Jan 1956, to 26 Jan 1956 that I last saw the deceased alive on 25 Jan, 1956 and that death occurred at 9 A. M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) W. B. Whittier, M.D. | 23b. ADDRESS 2307 1/2 Prospect | 23c. DATE SIGNED 26 Jan 56 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Jan. 30, 1956 | 24c. NAME OF CEMETERY OR CREMATORY Lincoln |
| 24d. LOCATION (City, town, or county) Kans. City, Missouri | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins Bros. Funeral Home 18th + Bent | |

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| DATE REC'D BY LOCAL REG. 1-27-56 | REGISTRAR'S SIGNATURE Reva Marshall |
|---|--|

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
W. B. Whittier

Dr. Dr. Whitten

Shapiro

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 *Bruce R. Watkins*

Licensed Embalmer No. *450*

P. O. Address *18th Be*

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.