

9158

State File No. 1092

1092

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson				
b. CITY OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 6 yrs		c. CITY OR TOWN Kansas City		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 5632 E 16th St Terr				e. STREET ADDRESS (If rural, give location) 5632 E 16th St Terr 3225				
3. NAME OF DECEASED (Type or Print)		a. (First) ALLIE		b. (Middle) BELL		c. (Last) JONES		
4. DATE OF DEATH		(Month) Mar		(Day) 11		(Year) 56		
5. SEX Fem		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH May 18, 1889		
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Dewitt Missouri		
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME William E Jones		13b. MOTHER'S MAIDEN NAME Mary Brvant		14. NAME OF HUSBAND OR WIFE None	
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 Mrs Stella Crosby 5632 E 16th St Terr				
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Hemorrhagic Nephritis Antecedent Causes Obstructive Jaundice, Cirrhosis, adenocarcinoma of rectum DUE TO (b) return of - DUE TO (c) - II. OTHER SIGNIFICANT CONDITIONS Epilepsy Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 mo - 154x		
19a. DATE OF OPERATION 1-9-56		19b. MAJOR FINDINGS OF OPERATION adenocarcinoma of rectum				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) m.		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 1-5-1956, to 3-10-1956, that I last saw the deceased alive on 3-8-1956, and that death occurred at 3A m., from the causes and on the date stated above.								
23a. SIGNATURE C. W. Mount (Deceased or title) 2				23b. ADDRESS 5811 Truman Rd		23c. DATE SIGNED 3/12/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/13/56		24c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery		24d. LOCATION (City, town, or county) (State) Dewitt Missouri		
DATE REC'D BY LOCAL REG. 3-12-56		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sheil Funeral Home Kansas City Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

1228

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 *Thomas A. Sheil*

Licensed Embalmer No. *495*

P. O. Address: *X. C. M.*

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.