

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9159

State File No.

FILED MAR 27 1956

1019

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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>12 yrs</u>	c. CITY OR TOWN <u>Kansas City</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>3488 1/2</u> <u>498</u> <u>3540 Baltimore</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Celeste</u>	b. (Middle) <u>G</u>	c. (Last) <u>Jones</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>March</u> <u>7</u> <u>1956</u>
-------------------------------------	---------------------------	----------------------	------------------------	---------------------------------------	-----------------------------------

5. SEX <u>Female</u>	6. COLOR OR RACE <u>Cau</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 30, 1898</u>	9. AGE (in years last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>7</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
----------------------	-----------------------------	---	---------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Piedmont, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	--	---

13a. FATHER'S NAME <u>Cruise Edward Burton</u>	13b. MOTHER'S MAIDEN NAME <u>Lula Shelton</u>	14. NAME OF HUSBAND OR WIFE <u>Mont Jones</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or date of service) <u>495-07-1538</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mont Jones, 3540 Baltimore, Kansas City Mo</u>	ADDRESS
---	--	---	---------

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>Hypertensive Cardio-Vascular Disease</u>		<u>8 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Arteriosclerosis</u> DUE TO (c) <u>Congestive Failure</u>		<u>8 years</u> <u>5 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Low Salt Syndrome</u>		<u>443X</u>	<u>3 days</u>

19a. DATE OF OPERATION <u>1941</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Rt. Breast - Radical Removal</u>	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 10-6, 1947, to 3-7, 1956 that I last saw the deceased alive on 3-7, 1956 and that death occurred at 3 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Graham Asher</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>1270 Professional Bldg. Kansas City 6 - Mo</u>	23c. DATE SIGNED <u>3-7-56</u>
--	--	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Plattsburg, Missouri</u>
---	-----------	--	---

DATE REC'D BY LOCAL REG. <u>3-8-56</u>	REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lyon Funeral Home, Plattsburg, Missouri</u>	ADDRESS
--	--	---	---------

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 *D. D. Ryan*

Licensed Embalmer No. *36*

P. O. Address *Hattoban*

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.