

FILED APR 5 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **9281**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1164	
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 (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (In this place) 8 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 General Hospital # 2				e. STREET ADDRESS (If rural, give location) 604 W. 10th St.			
3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Brockington c. (Last) Rhone			4. DATE OF DEATH (Month) (Day) (Year) Mar. 9 1956				
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 1, 1919		9. AGE (In years last birthday) 36 yrs.	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10b. KIND OF BUSINESS OR INDUSTRY App. House		11. BIRTHPLACE (City and State or Foreign Country) McAlester, Oklahoma		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME John Rhone		13b. MOTHER'S MAIDEN NAME Ada Ellis		14. NAME OF HUSBAND OR WIFE Johnnie Rhone			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Will Yes		16. SOCIAL SECURITY NO. 497-36-1703		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ollie White 1907 Highland			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Primary Auto-Trauma ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Ruptured Liver, Bilateral Hemothorax rise to the above cause (a) stating the underlying cause last. DUE TO (c) Bilateral Hemoperitoneum. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 8 1/2 32						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 3 - 2 - 56		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Traffic death telephone pole car hit a			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) Deputy coroner				23b. ADDRESS 1618 Lydia Ave		23c. DATE SIGNED 3/13/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/13/1956	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) McAlester, Oklahoma		
DATE REC'D BY LOCAL REG. 3.15.56		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE Geo. Davis Funeral Home			

(Licensed Embalmer's Statement on Reverse Side)

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

I. M. Tillman

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

Signature *Lorris H. Jackson*

Licensed Embalmer No. *485*

P. O. Address *K.C. Mo.*

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.