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FILED MAR 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9422

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5569 Registrar's No. 128

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 Rural Brooking		c. CITY OR TOWN Kansas City	b. COUNTY Jackson
c. LENGTH OF STAY (In this place) 45 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence		e. STREET ADDRESS (If rural, give location) 5828 E. 51st St.	

3. NAME OF DECEASED (Type or Print) a. (First) Lee b. (Middle) Roy c. (Last) Jolley			4. DATE OF DEATH (Month) (Day) (Year) Mar. 10, 1956		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH Aug. 26, 1886		9. AGE (In years last birthday) 69		10. IF UNDER 1 YEAR Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer		10b. KIND OF BUSINESS OR INDUSTRY Maintinance		11. BIRTHPLACE (City and State or Foreign Country) Lebanon, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Joseph W. Jolley		13b. MOTHER'S MAIDEN NAME Eliza Bolles		14. NAME OF HUSBAND OR WIFE Nettie Jolley (deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none		16. SOCIAL SECURITY NO. 499 14 3135		17. INFORMANT'S SIGNATURE OR NAME John E. Jolley, RR 5, Independence, Mo.	

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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) <i>intentional</i>		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		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>James H. Quinn Coroner</i>		23b. ADDRESS 1033 Rioalto Blvd		23c. DATE SIGNED 3-13-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/13/56		24c. NAME OF CEMETERY OR CREMATORY Lebanon Cemetery	
				24d. LOCATION (City, town, or county) (State) Lebanon, Mo.	

DATE REC'D BY LOCAL REG. 3-13-56		REGISTRAR'S SIGNATURE <i>James H. Quinn</i>		FUNERAL DIRECTOR'S SIGNATURE <i>W. C. Gerson</i>	
				ADDRESS Independence, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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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..... *Harold E. Kachef*

Licensed Embalmer No. *76*

P. O. Address *Judge*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.