

FILED MAR 27 1956

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9578

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>JOHNSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HOLDEN</u>		c. CITY OR TOWN <u>HOLDEN</u>	d. Is 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) <u>6 YRS</u>		e. STREET ADDRESS (If rural, give location) <u>5TH AND MAIN HOLDEN MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SMEAD NURSING HOME</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EVA</u>	b. (Middle) <u>CHARA</u>	c. (Last) <u>JONES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 21 1956</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>AUG 21 1877</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>78 7 10</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>HOLDEN MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Henry Hudson</u>	13b. MOTHER'S MAIDEN NAME <u>Leona Yandall</u>	14. NAME OF HUSBAND OR WIFE <u>CHARLES A JONES (DEC'D)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>XXXX</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ERNEST H. JONES, PHOENIX, ARIZ</u>
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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, asthenia, 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>Chronic Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>senility</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec 14, 1956, to March 21, 1956, that I last saw the deceased alive on March 21, 1956, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Glenn Smead DC</u>	23b. ADDRESS <u>Holden, Mo</u>	23c. DATE SIGNED <u>May 22, '56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3/23/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT HOPE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY KANSAS</u>
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DATE REC'D BY LOCAL REG. <u>3-23-56</u>	REGISTRAR'S SIGNATURE <u>Max H V Redford</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Conroy &amp; Kopp Holden, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

150

MAR 27 1956

RECEIVED  
MAR 26 1956  
JOHNSON COUNTY HEALTH

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 *W. R. Cradock* .....

Licensed Embalmer No. *3434*

P. O. Address *Holden*

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.