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FILED APR 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10160

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5964 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY: Platte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route # 3 Parkville, Mo. (Rather township)
c. LENGTH OF STAY (in this place): 17 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Platte
c. CITY OR TOWN: Parkville Mo.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): Route #-3

3. NAME OF DECEASED (Type or Print)
a. (First): Eugene
b. (Middle): Theodore
c. (Last): Jones

4. DATE OF DEATH (Month) (Day) (Year): Mar. 28 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 10 1903
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ink mixer
10b. KIND OF BUSINESS OR INDUSTRY: Ink Mfg. Co.
11. BIRTHPLACE (City and State or Foreign Country): Wichita, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Arthur Jones
13b. MOTHER'S MAIDEN NAME: No record
14. NAME OF HUSBAND OR WIFE: Bessie Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 494-12-7500
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs Bessie Jones Parkville, Mo. R-no. 3

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic heart Disease inactive — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Rheumatic Valvulitis inactive aortic stenosis — 2 yrs.
DUE TO (c)

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: 411X
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* did Not Attend him - Saw After death, 19__, *to* _____, 19__, *that I last saw the deceased alive on* 3-26, 1956 *and that death occurred at* 10:25 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edw H Fischer M.D.
23b. ADDRESS: 306 E 21st N K C 16 Mo
23c. DATE SIGNED: 3/30/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3-31-56
24c. NAME OF CEMETERY OR CREMATORY: Paola
24d. LOCATION (City, town, or county) (State): Paola, Kansas

DATE REC'D BY LOCAL REG.: Mar 30, 1956
REGISTRAR'S SIGNATURE: Ophia Rollins,
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Mrs C.L. Forster Funeral Home K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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SEP 18 1957

DEC 30 1957

APR 1956
RECEIVED
FRANKLIN COUNTY
PUBLIC LTH DEPT
By.....

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Ray F. Hoemann

Licensed Embalmer No..42..

P. O. Address K.C. Ma

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.