No. 300
10.48

FILED APR 30 1956

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

12688

State File No.

BIRTH NO. REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 40

**1. PLACE OF DEATH**
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Smithville
c. LENGTH OF STAY (In this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Smithville Community Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Platte
c. CITY OR TOWN: Platte City
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 0830 1

**3. NAME OF DECEASED** (Type or Print)
a. (First): Andrew
b. (Middle): Maxfield
c. (Last): Jones

**4. DATE OF DEATH** (Month) (Day) (Year): 4-14-56

**5. SEX**: M
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Nov. 1 1876
**9. AGE** (In years last birthday): 79
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): Editor-Owner
**10b. KIND OF BUSINESS OR INDUSTRY**: Newspaper
**11. BIRTHPLACE** (City and State or Foreign Country): Platte City, Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: George T. Jones
**13b. MOTHER'S MAIDEN NAME**: Delia Hemphill Maxfield
**14. NAME OF HUSBAND OR WIFE**: Lucile Leipard Jones

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO
(If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: 497-36-1595
**17. INFORMANT'S SIGNATURE OR NAME**: Lucile L. Jones
ADDRESS: Platte City, Missouri

**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) Myelogenous Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 7 mos

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c) Bronchopneumonia — 4 days

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Generalized arteriosclerosis, arteriosclerotic heart disease 10 years

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES [ ] NO [X]

**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)** 2041 (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* 1949, 19___, *to* 4/14/56, 19___, *that I last saw the deceased alive on* 4/14/56, 19___, *and that death occurred at* 1044 *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): H. Graham Parker MD
**23b. ADDRESS**: Platte City, Mo
**23c. DATE SIGNED**: 4/16/56

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 4-16-56
**24c. NAME OF CEMETERY OR CREMATORY**: Platte City Cemetery
**24d. LOCATION** (City, town, or county) (State): Platte City, Mo.

**DATE REC'D BY LOCAL REG.**: 4-16-56
**REGISTRAR'S SIGNATURE**: Marguerite Hudgens
(Licensed Embalmer's Statement on Reverse Side)
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: Rollins-Mitchell Funeral Home, Platte City, Mo.

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

RECEIVED
APR 23 1956
CLAY CO.
HEALTH CENTER

MAY 14 1956

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Roland M. Giffe

Licensed Embalmer No. 4 7

P. O. Address Platte C

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