

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

20564

State File No. _____

FILED JUN 25 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2442

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jackson		a. STATE Missouri		b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		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"/>	
c. LENGTH OF STAY (in this place) 45 yrs.		e. STREET ADDRESS (If rural, give location) 512 W. 13		31180	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1					
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Joseph			b. (Middle) -----		c. (Last) Jones
			b. (Month) 6		(Day) 2 (Year) 1956
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
Male	White	Married		June 12, 1889	
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		11. BIRTHPLACE (City and State or Foreign Country) Higginsville, Missouri	
		10b. KIND OF BUSINESS OR INDUSTRY Heavy Hauling		12. CITIZEN OF WHAT COUNTRY? U.S. A.	
13a. FATHER'S NAME Epherham Jones		13b. MOTHER'S MAIDEN NAME Mary A. Potter		14. NAME OF HUSBAND OR WIFE Rose C. Jones	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) Yes		16. SOCIAL SECURITY NO. W. W. #1 510-05-7079		17. INFORMANT'S SIGNATURE OR NAME Mrs. Rose C. Jones	
				ADDRESS K. C. Missouri	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction			
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death.			4201
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)		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)		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 <u>June 2</u>, 19<u>56</u>, to <u>June 2</u>, 19<u>56</u>, that I last saw the deceased alive on <u>June 2</u>, 19<u>56</u>, and that death occurred at <u>1:25P.m.</u>, from the causes and on the date stated above.					
23a. SIGNATURE <i>B. I. Burns, M.D.</i>			23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 6-4-1956
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 5, 1956		24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	
				24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 6-4-56		REGISTRAR'S SIGNATURE <i>Neva Marshall</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>C. H. Blockman + Son Inc</i>	
				ADDRESS <i>K.C. Mo</i>	

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

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.C. Benin*

Licensed Embalmer No. *48*

P. O. Address..... *110, 7*

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.