

FILED AUG 8 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **23791**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **3208**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>3 Weeks</b>	c. CITY OR TOWN <b>Kansas City</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Saint Lukes Hospital</b>		STREET ADDRESS (If rural, give location) <b>8631 Mad den Lane</b>	
3. NAME OF DECEASED a. (First) <b>RAYMOND</b> (Type or Print)		b. (Middle) <b>SAMUEL</b>	
c. (Last) <b>JONES</b>		4. DATE OF DEATH (Month) <b>July</b> (Day) <b>23</b> (Year) <b>1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b> <input type="radio"/>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 4, 1899</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Industrial Relations</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Ford motor co.</b>	9. AGE (In years last birthday) <b>57</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>Agency, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Robert Emmett Jones</b>		13b. MOTHER'S MAIDEN NAME <b>Laura A. Dunbar</b>	
14. NAME OF HUSBAND OR WIFE <b>Mrs. Genevieve T. Jones</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>486-05-6007</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Genevieve T. Jones</b> ADDRESS <b>Kansas City Mo.</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>myocardial infarction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>coronary occlusion</b> DUE TO (c) <b>coronary arterio sclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>cerebral thrombosis</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>None</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <b>4 July</b> , 19 <b>56</b> , to <b>23 July</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>23 July</b> , 19 <b>56</b> , and that death occurred at <b>9:30P m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Blaine Z. Hubbard</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>411 Nichols Rd. KCMO</b>	
23c. DATE SIGNED <b>24 July 56</b>		24a. NAME OF CEMETERY OR CREMATORY	
24b. DATE <b>7-24-56</b>		24c. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>	
24d. TIONAL CREMATION REMOVAL (Specify) <b>Removal</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Freeman Mortuary</b> ADDRESS <b>Kansas City, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>7-24-56</b>		REGISTRAR'S SIGNATURE <b>Neva Minshall</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

*W. D. ...*  
*411 ...*  
*VA. 1-4350*

AUG 30 1956

AUG 10 1956

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 *J. S. Freeman*

Licensed Embalmer No. *293*

P. O. Address *F. O. ...*

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.