Health, & Welfare Public Service

S. 300
. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Bernard L. Mullins

FILED AUG 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

30149

STATE FILE NUMBER

Registration District No. 72393 Primary Registration District No. 1005 Registrar's No. 3833

1. PLACE OF DEATH
a. COUNTY: CLAY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY NORTH — Inside Limits: Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 4419 E 55TH — Length of stay in 1b: 3 WEEKS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: PLATTE
c. CITY OR TOWN: DEARBORN — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First JIM Middle ALBERTA Last JONES
4. DATE OF DEATH: Month JULY Day 20 Year 1956
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: JULY 6, 1897
9. AGE (In years last birthday): 59 — 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): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (City and state or country): DEKALB, MO.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: JAMES O. ADAMS
14. MOTHER'S MAIDEN NAME: MAUDE WILLIAMS
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.: NO
17. INFORMANT: MRS. ANNALEENE GARD — Address: 4419 E 55TH K.C.N. MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Metastatic Cancer of the breast — INTERVAL BETWEEN ONSET AND DEATH: 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Essential Hypertension
DUE TO (c): 170
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 1952 to 7-20-1956 and last saw her/him alive on 7-19-56.
Death occurred at 7:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Signature of Title): Bernard L. Mullins Mo.
22b. ADDRESS: 1806 Smyth Pl. Nickels Mo.
22c. DATE SIGNED: 7-20-56

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 7-22-56
23c. NAME OF CEMETERY OR CREMATORY: DEARBORN CEM.
23d. LOCATION (City, town, or county) (State): DEARBORN MO.

24. FUNERAL DIRECTOR — ADDRESS: VAUGHN-AUFRANC DEARBORN, MO
25. DATE RECD. BY LOCAL REG.: 7-22-56
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUL 30 1950
CLAY CO. HEALTH CENTER

## 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 W. R. Vaugh

Licensed Embalmer No. X0.

P. O. Address Weston,

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.