

FILED JAN 14 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41556

STATE FILE NUMBER

5722

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL			Length of stay in 15 d. 40 YRS		d. STREET ADDRESS 2534 EAST 68th TERRACE		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ARCHIE CLIFTON JONES				4. DATE OF DEATH Month Day Year DEC 30 1956				
5. SEX MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/>	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL 25 1887	9. AGE (In years last birthday) 70 69	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CUSTODIAN ENGINEER			10b. KIND OF BUSINESS OR INDUSTRY SOUTH EAST High School		11. BIRTHPLACE (City and state or country) CAULKER, KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME CHARLES T. JONES				14. MOTHER'S MAIDEN NAME PHOEBE BARTLET				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 495-42-7825		17. INFORMANT E.C. JONES 6326 Address CRAIG ROAD MERIAM KANS.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac De Compensation DUE TO (b) Hepatic Cirrhosis & Ascites DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Hemiplegia							INTERVAL BETWEEN ONSET AND DEATH 15 days 3 mo. 5816	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 15 Dec. 1956 to 30 Dec. 1956 and last saw him alive on 30 Dec. 1956 Death occurred at 10:40 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE F. H. Wakefield M.D. (Degree or title)				22b. ADDRESS 1102 Grand K.C. Mo.		22c. DATE SIGNED 31 Dec 1956		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-3-57	23c. NAME OF CEMETERY OR CREMATORY Memorial Park		23d. LOCATION (City, town, or county) (State) Kansas City, Mo.			
24. FUNERAL DIRECTOR D.W. NEW COME SONS			ADDRESS 1731 K.C. Mo. Brush Creek Blvd	25. DATE RECD. BY LOCAL REG. 1-2-57		26. REGISTRAR'S SIGNATURE Herman Marshall		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

F. H. Wakefield

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

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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 *Adrian Jay Stitt*

Licensed Embalmer No. *48*

P. O. Address *R.C., T.*

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.