

FILED FEB 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1335**
323

BIRTH NO. **6952-57** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **323**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE KANSAS b. COUNTY WYANDOTTE	
b. CITY (If outside corporate limits, write BURIAL and give name of cemetery) Kansas City		c. LENGTH OF STAY (In this place) 1 day	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION Wheatley Hospital		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wheatley Hospital		* STREET ADDRESS (If rural, give location) 2309 North Early	

3. NAME OF DECEASED (Type or Print) a. (First) Infant b. (Middle) Trudie c. (Last) Jones	4. DATE OF DEATH (Month) (Day) (Year) 1-16-1957
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5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH January 15, 1937	9. AGE (In years last birthday) 19 IF UNDER 1 YEAR Months 7 IF UNDER 2 WKS. Days 10 Hours 8 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Melvin Jones	13b. MOTHER'S MAIDEN NAME Lucy Miller	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. (If you, give year or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME R.C.R. ADDRESS Melvin Jones - 2309 North Early
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity due		INTERVAL BETWEEN ONSET AND DEATH 776X
	ANTECEDENT CAUSES DUE TO (b) Immaturity <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	11. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1-15-57** to **1-16-57**, that I last saw the deceased alive on **1-16-57**, 19**57**, and that death occurred at **2:15 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title) V. L. Dixon, M.D.	23b. ADDRESS 2204 1/2 East 18th, Street	23c. DATE SIGNED 1-19-57
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24a. BURIAL, CREMATION OR REMOVAL (Specify) Burial	24b. DATE 1-22-1957	24c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn	24d. LOCATION (City, town, or county) (State) K. C. Mo.
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DATE REC'D BY LOCAL REG. 1-22-57	REGISTRAR'S SIGNATURE Gene Minshall	25. FUNERAL DIRECTOR'S SIGNATURE Bighan & Jones	ADDRESS 18th & Park
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
V. L. Dixon

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 *Lawrence Jones*.....

Licensed Embalmer No. *447*.....

P. O. Address *2300 Edg*.....
R. O. 27 M

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.