

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8740**  
**942**

FILED MAR 20 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>KANSAS</b> b. COUNTY <b>JOHNSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	c. LENGTH OF STAY (in this place) <b>1 day</b>	c. CITY OR TOWN <b>SHAWNEE 41508</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MEMORAH HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>10412 W. 64th</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>EDMOND</b> b. (Middle) <b>H</b> c. (Last) <b>JONES</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 27, 1957</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Nov. 18, 1906</b>	9. AGE (In years last birthday) <b>50</b>	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) <b>painter, decorator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>painting Jerome &amp; Assoc.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Richmond, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>dont know</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Siegler</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Etta Jones</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b> (If yes, give war or dates of service) <b>WW #2</b>	16. SOCIAL SECURITY NO. <b>527-03-1243</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Etta Jones</b> ADDRESS <b>10412 W. 64th Shawnee, Ks</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myocardial Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>  <b>1 day</b>  <b>4201</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Thrombosis</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 Feb 26, 1957, to Feb 27, 1957, that I last saw the deceased alive on Feb 27, 1957, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Jack W. Wolf</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>409 E. 63rd K.C. Mo</b>	23c. DATE SIGNED <b>2/27/57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>2/27/57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Maple Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>K.C. KANSAS</b>
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DATE REC'D BY LOCAL REG. <b>2-28-57</b>	REGISTRAR'S SIGNATURE <b>Neva Minshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>JOS. A. BUTLER'S SONS</b> ADDRESS <b>K.C. K</b>
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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 *Russell W. Dennis*.....  
Licensed Embalmer No. *346*.....  
P. O. Address *Kansas City*.....

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.