FILED MAR 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8995
STATE FILE NUMBER

Registration District No. 196 Primary Registration District No. 3026 Registrar's No. 105

| | |
|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY Jackson | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Mo. b. COUNTY Jackson |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence 0 — Inside Limits Yes X No ☐ | c. CITY OR TOWN K.C. Mo. 3058 0 — Inside Limits Yes X No ☐ |
| c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Indep. Hospital — Length of stay in 1b 5 wks | d. STREET ADDRESS (If outside, give location) 805 S. Ash — Reside on Farm Yes ☐ X ☐ |

| | | | |
|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) | First: Mrs. Emma | Middle: Gaines | Last: Jones |
| 4. DATE OF DEATH | Month: Mar. | Day: 10, | Year: 1957 |
| 5. SEX: Female 1 | 6. COLOR OR RACE: White | 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐ | 8. DATE OF BIRTH: Feb. 7, 1887 |
| 9. AGE (In years last birthday): 70 | 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): At Home | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country): Jackson Co., Mo. 0 | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13. FATHER'S NAME: James Thomas | | 14. MOTHER'S MAIDEN NAME: Temperance Noland | |
| 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.: None | 17. INFORMANT Address: Frank G. Jones, 805 S. Ash, KC.Mo. | |

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | Coronary Sclerosis | 2 years |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Arterio-Sclerosis | 2 years |
| DUE TO (c) | Senescence 4201 | |

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Cardiac decompensation + hydrothorax

19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

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 11-10-56, to 3-10-57 and last saw her/him alive on 3-10-57. Death occurred at 1:30 Am m on the date stated above; and to the best of my knowledge, from the causes stated.

| | | |
|---|---|---|
| 22a. SIGNATURE (Degree or title): G. H. Allen M.D. 0 | 22b. ADDRESS: Independence Mo | 22c. DATE SIGNED: 3-11-57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify): Burial | 23b. DATE: Mar. 13, 1957 | 23c. NAME OF CEMETERY OR CREMATORY: Salem Cemetery |
| 23d. LOCATION (City, town, or county) (State): E. Of Indep. on 24 Hiwy. | | |
| 24. FUNERAL DIRECTOR: Ott & Mitchell | ADDRESS: 310 N. Main Indep. Mo. | 25. DATE RECD. BY LOCAL REG.: 3-13-57 |
| 26. REGISTRAR'S SIGNATURE: James L. Kraig | | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

54
6

MAR 18 1957

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Henry J. Mitchell

Licensed Embalmer No. 39

P. O. Address Dudley S

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.