

FILED APR 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12495**
Registrar's No. **1461**

BIRTH NO. _____ REG. DIST. NO. **393** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY OR TOWN North Kansas City	
c. LENGTH OF STAY (in this place) 1 hr.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Parking lot Antioch Center		e. STREET ADDRESS (If rural give location) Rt 4 Lakeview Terr	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) A c. (Last) Jones	4. DATE OF DEATH (Month) (Day) (Year) Mar 27 1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr 22 1907	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self Employed Vending Machines	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) North Carolina	12. CITIZEN OF WHAT COUNTRY? U. S. A
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13a. FATHER'S NAME Charles A. Jones	13b. MOTHER'S MAIDEN NAME Elizabeth Waggoner	14. NAME OF HUSBAND OR WIFE Mary E. Jones
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) 319-14-1646	17. INFORMANT'S SIGNATURE OR NAME Mrs Mary E Jones	ADDRESS Rt 4 N. K. C
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Possible Acute Coronary Occlusion DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE O. S. Pate M.D.	(Degree or title) M.D.	23b. ADDRESS North Kansas City 4000	23c. DATE SIGNED 3/28/57
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24a. BURIAL CREMATION (REMOVAL) (Specify) Burial	24b. DATE 3-29-57	24c. NAME OF CEMETERY OR CREMATORY East Slope Cem	24d. LOCATION (City, town, or county) (State) Platte Co. Mo
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DATE REC'D BY LOCAL REG. 3-29-57	REGISTRAR'S SIGNATURE Merna Minshall	25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newcomer Sons	ADDRESS N. K. C. Mo
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(Licensed Embalmer's Statement on Reverse Side)

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



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..... *Glenn H. Hill*

Licensed Embalmer No..... *4586*

P. O. Address..... *K.S. 16 1/2 mi*

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.