

FILED MAY 21 1957

STANDARD CERTIFICATE OF DEATH

State File No. **17151**  
Registrar's No. **2132**

BIRTH NO. **492** **30327-57** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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>Mo.</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kans. City</b>		c. LENGTH OF STAY (If this place) <b>Life</b>	c. CITY OR TOWN <b>Kans. City</b>		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 <b>Wheatley Providence</b>			e. STREET ADDRESS (If rural, give location) <b>3322 Wabash</b>		
3. NAME OF DECEASED (Type or Print) <b>Infant</b> a. (First) b. (Middle) c. (Last) <b>Jones</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4 26 57</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED (NEVER MARRIED) WIDOWED, DIVORCED (Specify) <b>0</b>	8. DATE OF BIRTH <b>1/26/1957</b>		9. AGE (In years last birthday) <b>3</b> if UNDER 1 YEAR <b>0</b> Months <b>0</b> Days <b>0</b> Hours <b>0</b> Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>infant</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City, and State or Foreign Country) <b>Kans. City, Mo. 0</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Jimmie Jones</b>		13b. MOTHER'S MAIDEN NAME <b>Elaine Brussard</b>	
14. NAME OF HUSBAND OR WIFE <b>none</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Jimmie Jones</b>		18. ADDRESS <b>3322 Wabash</b>			
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.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Immaturity</b>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Prenaturity</b>			<b>770K</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>0</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <b>SUICIDE</b>		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)		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 <b>4/26</b> , 19 <b>57</b> to <b>4/26</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>4/26</b> , 19 <b>57</b> , and that death occurred at <b>10 p. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>J. M. Walden, M.D.</b> (Degree or title)			23b. ADDRESS <b>1938 Troost</b>		23c. DATE SIGNED <b>5/4/57</b>
24a. BURIAL (CREMATION) (REMOVED) (Specify) <b>Burial</b>		24b. DATE <b>5/7/1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Westlawn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas</b>
DATE REC'D BY LOCAL REG. <b>5-6-57</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>ma f w. Jones, N.C. Mo.</b> ADDRESS	

James M. Holden



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 Eugene English

Licensed Embalmer No. 4105

P. O. Address 440 St. K. 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.