

FILED JAN 8 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44430

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5890

V. S. 300
ev. 1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Missouri		c. CITY OR TOWN Raytown, Missouri	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp		STREET ADDRESS 7605 Northern	
3. NAME OF DECEASED (Type or print) Clinton Jones		4. DATE OF DEATH Month Dec Day 12 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 28, 1911
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY Evans Electric Co.	
13a. FATHER'S NAME Ralph F. Jones		13b. MOTHER'S MAIDEN NAME Neva Abbott	
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. 348-01-9989	
17. INFORMANT Mrs. Margaret Jones		Address Raytown, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intestinal ulceration, perforation DUE TO (b) Ulcerative Colitis Regional Ileitis DUE TO (c) Peritonitis, Septicemia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Recurrent 16 yrs of Regional Ileitis			INTERVAL BETWEEN ONSET AND DEATH 57 20
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (After nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Raytown, Mo.	
21. I attended the deceased from 10/16/57 to 12/12/57 and last saw him alive on 12/11/57 Death occurred at 7 AM on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE E.N. Gentry (Degree of title)	
22b. ADDRESS 324 E 11 St		22c. DATE SIGNED 12/12/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-14-1957	
23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		23d. LOCATION (City, town, or county) (State) Hickman Mills, Mo.	
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar		25. DATE RECD. BY LOCAL REG. 12.13.57	
ADDRESS Kansas City, Mo		26. REGISTRAR'S SIGNATURE Neva Marshall	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

V
2

Dr. F. N. Hanbury

324 E 11

Nov 1-15 97

2-5 PM

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 Geo. A. Jackson, Student Embalmer No. 558

working under my personal supervision.

Student Geo. A. Jackson
Signature of Student Embalmer

Signed Arthur Eugene Cook

Licensed Embalmer No. 4912

P. O. Address K.C. Mo.

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.