

FILED MAR 10 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005632
State File No. 824

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 824

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City Mo.	c. LENGTH OF STAY (in this place) 15 days	c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital		e. STREET ADDRESS (If rural, give location) 223 E 80 Street	

3. NAME OF DECEASED (Type or Print)
a. (First) **Johnny** b. (Middle) **Byron** c. (Last) **Jones**

4. DATE OF DEATH (Month) (Day) (Year)
2 - 14 - 58

5. SEX **Male** 6. COLOR OR RACE **W** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **8-25-1897** 9. AGE (In years last birthday) **60** 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) **Laborer**

10b. KIND OF BUSINESS OR INDUSTRY **Earl Carter Construction; Rushville Missouri**

11. BIRTHPLACE (City and State or Foreign Country) **Rushville Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **F. D. Jones** 13b. MOTHER'S MAIDEN NAME **Amanda Hood** 14. NAME OF HUSBAND OR WIFE **Manie Jones**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service) **none**

16. SOCIAL SECURITY NO. **493-18-3343**

17. INFORMANT'S SIGNATURE OR NAME **Manie A Jones** ADDRESS **223 E 80th Street**

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Septicemia, Generalized**

ANTECEDENT CAUSES (b) **Cycloniphosis**

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

II. OTHER SIGNIFICANT CONDITIONS (c) **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? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **2/11**, 19**58**, to **2/14**, 19**58** that I last saw the deceased alive on **2/13**, 19**58**, and that death occurred at **6:22 PM** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Morgan U. Stockwell M.D.** 23b. ADDRESS **1630 Prof. Bldg. K.C. Mo** 23c. DATE SIGNED **2/14/58**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **2-17-58** 24c. NAME OF CEMETERY OR CREMATORY **MT Moriah** 24d. LOCATION (City, town, or county) (State) **Kansas City, Mo**

DATE REC'D BY LOCAL REG. **2.15.58** REGISTRAR'S SIGNATURE **Neva Minshall** 25. FUNERAL DIRECTOR'S SIGNATURE **France-Wornall Funeral Home K.C. Mo** ADDRESS _____

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Morgan U. Stockwell



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 N. Fran*.....

Licensed Embalmer No. *425*.....

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.