

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010336

STATE FILE NUMBER

FILED APR 15 1958

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>(Missouri)</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Rural Prairie</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <b>Jackson County Hosp</b>		Length of stay in hospital <b>11 1/2 days</b>	d. STREET ADDRESS <b>????????????????</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Jason</b> Middle <b>LeRoy</b> Last <b>England</b>			4. DATE OF DEATH Month <b>April</b> Day <b>5</b> Year <b>1958</b>		
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 1-1923</b>	9. AGE (In years last birthday) <b>35</b>	10. UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	11. UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Never Worked</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and state or country) <b>Kansas City, Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Jason England</b>	13b. MOTHER'S MAIDEN NAME <b>Clara Johnson</b>	14. NAME OF HUSBAND OR WIFE <b>*****</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Jason England 327 West 12 K.C.Mo.</b>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Toxemia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>19 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>3<sup>rd</sup> degree burns - 50% of body.</b>	DUE TO (c) <b>9167</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>40</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Match caught overalls on fire.</b>
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20c. TIME OF INJURY Hour <b>10:30</b> a.m. Month, Day, Year <b>Mar 17-1958</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>in own room</b>	20f. CITY, TOWN, OR LOCATION <b>Rural Prairie Jackson - Missouri</b>	COUNTY <b>100</b> STATE
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21. I attended the deceased from <b>3-17-58</b> to <b>4-5-58</b> and last saw him alive on <b>4-4-58</b> Death occurred at <b>6:30</b> <b>A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.	22a. SIGNATURE <b>[Signature]</b> (Degree or title)	22b. ADDRESS <b>Raytown, Mo.</b>	22c. DATE SIGNED <b>4-6-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>4/8/1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City Kan.</b>
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24. FUNERAL DIRECTOR <b>Porter Funeral Home</b> ADDRESS <b>Kansas City Kan</b>	25. DATE RECD. BY LOCAL REG. <b>4/7/1958</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

health, Welfare public service  
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-57  
000  
All diseases in Part I must be causally related.

APR 9 1958

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 *Howard L. Porter*

Licensed Embalmer No. *3751*  
P. O. Address *H. C. Han*

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.