

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017592
STATE FILE NUMBER
2536

FILED JUN 5 1958 Registration District No. 393 Primary Registration District No. 1002 Registrar's No. 2536

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 651 E. 45th Terr. No.		Length of stay in lb 5 yrs.	
STREET ADDRESS 651 E. 45th Terr. No.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First JOHN Middle ANDREW Last JONES			4. DATE OF DEATH Month May Day 13 Year 1958		
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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 Jan 10, 1924	9. AGE (In years last birthday) 34	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver	10b. KIND OF BUSINESS OR INDUSTRY Triangle Transfer Co.	11. BIRTHPLACE (City and state or country) Ex. Springs, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Richard R. Jones	13b. MOTHER'S MAIDEN NAME Leta Harris	14. NAME OF HUSBAND OR WIFE Clara Jones
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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) Yes WW II	16. SOCIAL SECURITY NO. 493-2-3666	17. INFORMANT JONES, Clara Harris 651 E. 45th Terr. No. Kansas City 16, Mo.
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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) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 5 months	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Valvular heart disease		5 years
	DUE TO (c) Rheumatic heart disease 414X		5 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT <input 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.)
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20c. TIME OF INJURY Hour 2:30 Month AM Day AM Year 1958	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.)	20f. CITY, TOWN, OR LOCATION Excelsior Springs, Missouri	STATE
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21. I attended the deceased from Death occurred at 2:30 AM on 5-10-1958 and last saw him alive on 10 May 1958 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. D. Dwyer (Degree or title) M.D.	22b. ADDRESS 1806 North Ave. North Kan City, Mo	22c. DATE SIGNED 5/13/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-13-58	23c. NAME OF CEMETERY OR CREMATORY Crown Hill	23d. LOCATION (City, town, or county) (State) Excelsior Springs, Missouri
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24. FUNERAL DIRECTOR Prichard Funeral Home, Inc. Excelsior Springs, Missouri	25. DATE RECD. BY LOCAL REG. 5-19-58	26. REGISTRAR'S SIGNATURE Neva Minshel
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

(Continuation of Informant's Statement on Reverse Side)

JUN 17 1958

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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 *Lindsey Jarman*

Licensed Embalmer No. *4589*
P.O. Address *Evolution Springs, N.C.*

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.