

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-025571

STATE FILE NUMBER

FILED JUL 25 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3282

300  
-57

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) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Grandview</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Menorah Medical Center</b>		Length of stay in 1b <b>12 days</b>	d. STREET ADDRESS (If outside, give location) <b>202 Duck Road</b>
3. NAME OF DECEASED (Type or print) First <b>Arthur</b> Middle <b>Franklin</b> Last <b>Jeans</b>			4. DATE OF DEATH Month <b>June</b> Day <b>30</b> Year <b>1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>5-6-18</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Solo Cup Co.</b>	11. BIRTHPLACE (City and state or country) <b>LaCrosse, Wisconsin</b>
13a. FATHER'S NAME <b>Benjamin F. Jeans</b>		13b. MOTHER'S MAIDEN NAME <b>Hattie Weimer</b>	14. NAME OF HUSBAND OR WIFE <b>Margaret Jeans</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W.# 2</b>		16. SOCIAL SECURITY NO. <b>498 07 1461</b>	17. INFORMANT <b>Margaret Jeans</b> Address <b>202 Duck Rd. Grandview, Mo</b>
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>Bronchopneumonia all lobes both lungs 5 days</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Generalized Peritonitis</b> DUE TO (c) <b>Gastric Reaction for Intractable Ulcer</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5400</b>
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.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <b>Oct. '56</b> to <b>6-30-58</b> and last saw her alive on <b>6-30-58</b> Diedly occurred at <b>7:50</b> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Raymond J. Coffey MD</b> (Degree or title)		22b. ADDRESS <b>Grandview, Mo.</b>	22c. DATE SIGNED <b>7-2-58</b>
23a. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVED (Specify)	23b. DATE <b>7-3-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Belton Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Belton, Missouri</b>
24. FUNERAL DIRECTOR <b>E. H. George &amp; Sons Inc., Grandview, Mo</b> <b>E. J. Goddard</b>		25. DATE RECD. BY LOCAL REG. <b>7-3-58</b>	26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

Raymond J. Coffey USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION



**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 *Arthur J. Adams*  
Licensed Embalmer No. *4911*  
P. O. Address *Frederick Md*

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.