

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028508

STATE FILE NUMBER

FILED SEP 3 1958

Registration District No. 59 Primary Registration District No. 5227 Registrar's No. 120

S. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Peculiar township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u> <u>3218</u> 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5 miles north Harrisonville</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>1809 Bellaire</u>
3. NAME OF DECEASED (Type or print) First <u>Norman</u> Middle <u>Wayne</u> Last <u>Jones</u>			4. DATE OF DEATH Month <u>Aug.</u> Day <u>25</u> Year <u>1958</u>
5. SEX <u>Male</u> 0	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 13, 1924</u>
9. AGE (In years last birthday) <u>33</u>		10. F UNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Bosworth, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Edward Jones</u>	
13b. MOTHER'S MAIDEN NAME <u>Cecil Koons</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>494 16 9376</u>	17. INFORMANT Address <u>Mrs. Lois Chitwood 1712 Bellaire K. C. Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Brain Trauma</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Skull Fracture</u> DUE TO (c) <u>Car accident, Multiple fractures & lacerations</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
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"/> <u>2</u>
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Car Accident</u>	
20c. TIME OF INJURY Hour <u>5:50</u> a.m. <u>8</u> Month, Day, Year <u>25 58</u> p.m.		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, etc.) <u>Highway 71 By Pass</u>		20f. CITY, TOWN OR LOCATION <u>Harrisonville</u>	COUNTY <u>Cass</u> STATE <u>Missouri</u>
21. I attended the deceased from <u>XXXXXXX</u> to <u>XXXXXX</u> and last saw ^{her} _{him} alive on <u>XXXXX</u> Death occurred at <u>5:50 p.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Gerard Jander</u> (Degree or title) <u>Coroner-Cass Co Mo</u>		22b. ADDRESS <u>Pleasant Hill, Missouri</u>	22c. DATE SIGNED <u>8/25/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>8/26/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cemetery</u>	23d. LOCATION (City, town, or country) (State) <u>Dowitt, Missouri</u>
24. FUNERAL DIRECTOR <u>Atkinson Dickey Harrisonville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Aug. 28, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Dora Barnard</u>

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

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

SEP 9 1958 6

VS AUG 4 1958

VS MAY 27 1958

VS MAY 26 1960

RECEIVED
SEP 2 1958
CASS COUNTY
HEALTH DEPARTMENT

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 *Robert Atkinson*

Licensed Embalmer No. *4902*

P. O. Address *Heu...*

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.