Health,
& Welfare
Public
Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-032762
STATE FILE NUMBER

FILED OCT 2 1958 Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 4303

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #1 Driveway — Length of stay in Ib 5 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 3740 Wyandotte St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Stanley Middle Lester Last Jones
4. DATE OF DEATH Month Sept. Day 8 Year 1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]
8. DATE OF BIRTH Apr. 27, 1928
9. AGE (In years last birthday) 30 — 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) Electrician
10b. KIND OF BUSINESS OR INDUSTRY Electricity
11. BIRTHPLACE (City and state or country) Pitcher, Okla.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Lester Jones
13b. MOTHER'S MAIDEN NAME Alda Farrar
14. NAME OF HUSBAND OR WIFE Divorced
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. 496-24-5188
17. INFORMANT Alda ~~Farrar~~ Farrar Woolf Address City, Mo 3740 Wyandotte, Kansas

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Shock & Hemorrhage resulting
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) from fractured Skull &
DUE TO (c) Crushing injury of Chest — 978X
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 [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [X] ? HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell from the Stair
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 9-8-58
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ~~#1 Driveway~~ Hospital
20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson STATE Mo

21. I attended the deceased from _____ and last saw her/him alive on _____
Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Geo C Kealhofer by W H Deputy Coroner (Degree or title) 3
22b. ADDRESS 6627 Prospect Kc Mo
22c. DATE SIGNED 9-8-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Sept. 10, 1958
23c. NAME OF CEMETERY OR CREMATORY Lee's Summit Cemetery
23d. LOCATION (City, town, or county) (State) Lee's Summit, Mo.

24. FUNERAL DIRECTOR Langsford Funeral Home ADDRESS Lee's Summit, Mo.
25. DATE RECD. BY LOCAL REG. 9-9-58
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Geo. C. Kealhofer

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

OCT 1 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 W B Langsford

Licensed Embalmer No. 3833

P. O. Address Leis Summ

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.