

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040025

STATE FILE NUMBER

NOV 19 1958

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5152

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Rockport</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Trinity Hosp. 4 days</u>		Length of stay in lb <u>4 days</u>	d. STREET ADDRESS (If outside, give location) <u>R. Rte. #1</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Mrs. Mabel Jones</u>			4. DATE OF DEATH Month Day Year <u>10-30-58</u>
5. SEX <u>Fe.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9-13-1891</u>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>67</u>
11a. FATHER'S NAME <u>JOHN THORP</u>		11b. MOTHER'S MAIDEN NAME <u>MARY KOZINE</u>	11c. NAME OF HUSBAND OR WIFE <u>Earl Jones (Husb)</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>EARL JONES</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>Pulmonary embolus</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>diffuse abdominal visceral thrombosis 10d.</u>			
DUE TO (c) <u>unknown</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None</u>			
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 AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm,actory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>10-26-58</u> to <u>10-30-58</u> and last saw <u>him</u> alive on <u>10-29-58</u> Death occurred at <u>10:35 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Frederick H. Hartwig MD</u> (Degree or title)		22b. ADDRESS <u>701 E 63 KC Mo</u>	22c. DATE SIGNED <u>10/30/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>OCT. 30 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>ROCKPORT, MISSOURI</u>
24. FUNERAL DIRECTOR <u>D-W. Newcomer's Sons</u>		25. DATE RECD. BY LOCAL REG. <u>10-31-58</u>	26. REGISTRAR'S SIGNATURE <u>Neve Marshall</u>

MEDICAL CERTIFICATION

Frederick H. Hartwig ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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A

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 *Thomas W. Rowen* .....

Licensed Embalmer No. *4889* .....

P. O. Address *N.C., No.* .....

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.