

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001365

STATE FILE NUMBER

404

FILED FEB 5 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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-57

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2400 E. 25th St.		Length of stay in lb 41 yrs	d. STREET ADDRESS (If outside, give location) 2400 E. 25th St.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ALFRED Middle DEWEY Last JILES			4. DATE OF DEATH Month Day Year January 21, 1959			
5. SEX 2 Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 19, 1901	9. AGE (In years last birthday) 57 yrs. 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) Butcher		10b. KIND OF BUSINESS OR INDUSTRY Armour & Co.	11. BIRTHPLACE (City and state or country) Morrilton, Arkansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Alfred Jiles		13b. MOTHER'S MAIDEN NAME Rebecca Arnold		14. NAME OF HUSBAND OR WIFE Brella Jiles		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 510-05-7788	17. INFORMANT Brella Jiles		Address 2400 E. 25th 1st fl. W.	
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>Coronary Occlusion</u> DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 12 hrs 2+ years	
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, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <u>April 30 1945</u> to <u>Jan 21 1959</u> and last saw her alive on <u>Jan 15 1959</u> Death occurred at <u>12 O'clock NOON</u> on the date stated above; and to the best of my knowledge from the causes stated.						
22a. SIGNATURE <i>W. H. Goodson - M.D.</i> (Degree or title)			22b. ADDRESS <u>130 Park 159 Kansas City Mo</u>		22c. DATE SIGNED <u>Jan 22 1959</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-24-59	23c. NAME OF CEMETERY OR CREMATORY Highland		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri		
24. FUNERAL DIRECTOR Watkins Bros. Funeral Home 18th & Benton		ADDRESS 1-22-59	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>		

All diseases in Part I must be causally related.

Wm. H. Goodson, 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 ..... *Erna P. Watkins* .....

Licensed Embalmer No. .... *4500* .....

P. O. Address *18th & Benton* .....

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.