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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001607

STATE FILE NUMBER

FILED JAN 20 1959

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Independence — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Indep. Hosp. — Length of stay in 1b: Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Independence 7005 c — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 805 N. Main — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: REXFORD Middle: HORACE Last: JONES

4. DATE OF DEATH Month: January Day: 8 Year: 1959

5. SEX: Male c

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: July 24, 1895

9. AGE (In years last birthday): 63 — 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): Salesman-A. Reich & Sons

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Jackson County, Mo. c

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Horace Jones

13b. MOTHER'S MAIDEN NAME: Mona Hedges

14. NAME OF HUSBAND OR WIFE: Mary Jones

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.: 490-09-0475

17. INFORMANT Address: Mrs. Mary Jones, 805 N. Main

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Generalized carcinomatosis .	1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cancer of the left lung.	2 months
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 163X

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] **NOT WHILE AT WORK** [ ]

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 Nov. 25, 1958, to Jan. 8, 1959 and last saw her alive on Jan 8, 1959
Death occurred at approx. 3:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. H. Hickman MD. c

22b. ADDRESS: 604 W. Maple Independence, Mo.

22c. DATE SIGNED: 1/9/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Jan. 10, 1959

23c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery

23d. LOCATION (City, town, or county) (State): Independence, Mo.

24. FUNERAL DIRECTOR: Ott & Mitchell — ADDRESS: Indep., Mo.

25. DATE RECD. BY LOCAL REG.: 1-10-59

26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No. 4925

P. O. Address .....

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.