

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-005646

FILED MAR 11 1959

Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER 1005 Registrar's No. 1005

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-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>
c. FULL NAME OF (If NOT in hospital, give location) <b>3419 Indiana</b>		Length of stay in lb <b>30 yrs</b>	d. STREET ADDRESS (If outside, give location) <b>3419 Indiana</b>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>ELIZABETH H. JONES</b>			4. DATE OF DEATH Month <b>Feb.</b> Day <b>21</b> Year <b>1959</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 28, 1879</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Leavenworth, Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Casper Hoffman</b>	13b. MOTHER'S MAIDEN NAME <b>Barbara Hach</b>	14. NAME OF HUSBAND OR WIFE <b>Joseph A. Jones</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>John G. Hoffman, of 3419 Indiana</b>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>PERITONITIS</b>		INTERVAL BETWEEN ONSET AND DEATH <b>12 DAYS</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>UNKNOWN Carcinoma of colon</b>	
	DUE TO (c) <b>1578</b>	
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? <b>1 YES</b> <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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.)
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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 <b>Leavenworth, Kansas</b>	COUNTY <b>Leavenworth</b>	STATE
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21. I attended the deceased from <b>2-12-59</b> to <b>2-21-59</b> and last saw her alive on <b>2-21-59</b> Death occurred at <b>10am, 2-21-59</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Deputy or title) <b>Franklin C. Wermer</b>	22b. ADDRESS <b>1906 Erie St NEC. Mo</b>	22c. DATE SIGNED <b>2-23-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial &amp; Removal</b>	23b. DATE <b>2-24-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Leavenworth, Kansas</b>
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24. FUNERAL DIRECTOR <b>Mellody-McGilley-Eylar Funeral Home</b>	ADDRESS <b>Woodland-Linwood</b>	25. DATE RECD. BY LOCAL REG. <b>2-23-59</b>	26. REGISTRAR'S SIGNATURE <b>Walter Marshall</b>
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Franklin C. Wermer, M.D. Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. MEDICAL CERTIFICATION

J. F. B. ...  
1906 ERIC H.  
Bo 13758

...  
of the ...

4 - 4:30 PM

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 George A. Jackson

Licensed Embalmer No. 5059

P. O. Address K.C. Mo.

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.