

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005648
STATE FILE NUMBER
680

FILED FEB 19 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If immigration: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>General Hoyt</i> Length of stay in lb <i>2 years</i>		d. STREET ADDRESS (If outside, give location) <i>2440 Mc Coy</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Everett W.</i> Middle <i>Jones</i> Last <i>Jones</i>			4. DATE OF DEATH Month <i>2</i> Day <i>4</i> Year <i>59</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>5-5-08</i>
9. AGE in years <i>50</i> (If under 1 year, give month and day)		IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i>	IF UNDER 24 HRS. Hours <i>0</i> Min. <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <i>Busch press operator</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Holcomb Mo</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>		13a. FATHER'S NAME <i>Charles Jones</i>	
13b. MOTHER'S MAIDEN NAME <i>Harriet Melty</i>		14. NAME OF HUSBAND OR WIFE <i>Frances Jones</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>491-18-5821</i>	
17. INFORMANT <i>Frances Jones</i> Address <i>KeMo</i>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Multiple Rib fracture</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Bilateral haemathorax</i> DUE TO (c) <i>Pneumonia lung</i>	
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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) <i>Pedestrian struck by car</i>	
20c. TIME OF INJURY Hour <i>2</i> Month <i>7</i> Day <i>59</i> a.m. <i>59</i> p.m. <i>59</i>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <i>Street</i>		20f. CITY, TOWN, OR LOCATION <i>Kansas City</i> COUNTY <i>Jackson</i> STATE <i>MO</i>	
21. I attended the deceased from _____, to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Hugh H. Owens Coroner</i>		22b. ADDRESS <i>1034 Craltor Bldg</i>	
22c. DATE SIGNED <i>2-4-59</i>		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE <i>2-5-59</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Pine City Cemetery</i>	
23d. LOCATION (City, town or county) <i>Holcomb, Mo.</i>		23e. (State)	
24. GENERAL DIRECTOR <i>H. Kiguman</i> ADDRESS <i>KeMo</i>		25. DATE RECD. BY LOCAL REG. <i>2-5-59</i>	
26. REGISTRAR'S SIGNATURE <i>Dever Marshall</i>			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Hugh H. Owens

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, ~~only~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *John T. Moore*

Licensed Embalmer No. *4729*

P. O. Address *Kansas City*

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.