

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-005654  
STATE FILE NUMBER 965

FILED MAR 11 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

300  
-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) OR TOWN <b>Kansas City, Missouri</b>		c. CITY OR TOWN <b>Kansas City, Missouri</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Downtown Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>1616 E. 22nd Terrace</b>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>Samuel Jones</b>			4. DATE OF DEATH Month Day & R. Year <b>2 18 59</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>October 22, 1894</b>	9. AGE (In years last birthday) <b>64 yrs.</b>	10. UNDER 1 YEAR Months Days Hours Min.	11. 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>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>K.C. Terminal</b>	11. BIRTHPLACE (City and state or country) <b>Preston, Arkansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Craft Jones</b>	13b. MOTHER'S MAIDEN NAME <b>Jane Hale</b>	14. NAME OF HUSBAND OR WIFE <b>Zellie Jones - Wife</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>196-01-9136</b>	17. INFORMANT <b>Zellie Jones</b>	Address <b>1616 E. 22nd Terrace</b>
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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>Acute myocardial insufficiency</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
DUPLICATE TO (b) <b>Arteriosclerotic heart disease with</b>		
DUPLICATE TO (c) <b>Congestive heart failure</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>2° and 3° burns of rt. leg.</b>		

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 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
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21. I attended the deceased from <b>1-8-59</b> to <b>2-17-59</b> and last saw him <b>alive</b> on <b>2-16-59</b> Death occurred at <b>6 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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22a. SIGNATURE <i>C. J. Multhauf</i> (Degree or title)	22b. ADDRESS <b>1222 McGee St., K.C., Mo.</b>	22c. DATE SIGNED <b>2-19-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>2-20-59</b>	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) <b>Arkadelphia, Arkansas</b>
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24. FUNERAL DIRECTOR <b>Watkins Bros. Funeral Home</b>	ADDRESS <b>18th &amp; Benton</b>	25. DATE RECD. BY LOCAL REG. <b>2-20-59</b>	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

C. J. Multhauf

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 ..... *Druce R. Watkins*

Licensed Embalmer No. *4500*  
P. O. Address *18th Y. 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.