

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009491

STATE FILE NUMBER

1337

8

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1337

FILED MAR 26 1959

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) <i>Kansas city mo</i>		c. CITY OR TOWN <i>Kansas city mo</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Trinity Lutheran Hosp.</i>		d. STREET ADDRESS (If outside, give location) <i>313 E 80th St</i>	
3. NAME OF DECEASED (Type or print) First <i>Ralph V.</i> Middle <i>Jones</i> Last <i>Jones</i>		4. DATE OF DEATH Month <i>3</i> Day <i>11</i> Year <i>1959</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>8-13-1925</i>
9. AGE (In years last birthday) <i>34</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Bus Driver Hearn Bus Co</i>	11. BIRTHPLACE (City and state or country) <i>Cain Iowa U.S.A.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. MOTHER'S MAIDEN NAME <i>Sylvia Bell Eula Merilee Jones</i>	
14. NAME OF HUSBAND OR WIFE <i>Merilee 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>487-28-0724</i>		17. INFORMANT <i>Merilee Jones</i> Address <i>313 E 80th St</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>Septicemia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Intestinal obstruction</i> DUE TO (c) _____ 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 <i>2 days</i> <i>3 weeks</i>
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 _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT WORK <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 <i>3-9-59</i> to <i>3-11-59</i> and last saw him alive on <i>3-11-59</i> Death occurred at <i>3:45</i> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>R W Butcher MD</i>		22b. ADDRESS <i>1805 E 80th</i>	
22c. DATE SIGNED <i>3-12-59</i>		23a. BURNAL, CREMATION, REMOVAL (Specify)	
23b. DATE <i>3-14-59</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Green Hill</i>	
23d. LOCATION (City, town, or county) (State) <i>Rockport Missouri</i>		24. FUNERAL DIRECTOR ADDRESS <i>France-Wornall Funeral Home</i>	
25. DATE RECD. BY LOCAL REG. <i>3-13-59</i>		26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>	

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

R. W. Butcher



3-0608

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 *Russell N. France*

Licensed Embalmer No. *4255*

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.