

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009835
STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 84

300
-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Prairie Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Lee's Summit
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rinehart Road		Length of stay in lb 63 Yrs	d. STREET ADDRESS (If outside, give location) Rinehart Road
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Clementine Middle --- Last Jones			4. DATE OF DEATH Month April Day 1 Year 1959		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 4 1862	9. AGE (In years last birthday) 96	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min.	IF UNDER 24 HRS. Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) So. Carolina	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Robert Jones	13b. MOTHER'S MAIDEN NAME Mary Ellen Durham	14. NAME OF HUSBAND OR WIFE Thomas Jones (Deceased)
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Hugh Jones Lee's Summit Mo.	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) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebral Vascular Accident		1 wk.
	DUE TO (c) 331X		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) arterio sclerosis cerebral		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 ---	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 Lee's Summit Mo.	COUNTY ---	STATE ---
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21. I attended the deceased from Death occurred at 8:30 A. August 30, 1958 to March 31, 1959 and last saw her alive on March 31, 1959 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William J. Bell M.D.	22b. ADDRESS Lee's Summit Mo.	22c. DATE SIGNED 4-1-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/3/1959	23c. NAME OF CEMETERY OR CREMATORY Lee's Summit	23d. LOCATION (City, town, or county) (State) Lee's Summit Mo.
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24. FUNERAL DIRECTOR Langford Funeral Home Lee's Summit Mo.	25. DATE REGD. BY LOCAL REG. 4/2/59	26. REGISTRAR'S SIGNATURE W. Langford
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1959 APR 9

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 *N. B. Langford*

Licensed Embalmer No. *4962*
P. O. Address *Lee's Summit*

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.