THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-013368

STATE FILE NUMBER 1991

FILED MAY 13 1959 Registration District No. 149 Primary Registration District No. 002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kansas City — Inside Limits Yes XX No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 514 E. 44th St. — Length of stay in Hospital: 15 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits Yes XX No ☐
d. STREET ADDRESS (If outside, give location): 514 E. 44th St. — Reside on Farm Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First: Archie Middle: Preston Last: Jones

4. DATE OF DEATH Month: Apr. Day: 20, Year: 1959

5. SEX: Male **6. COLOR OR RACE:** White **7. MARRIED** X **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Nov. 3, 1916

9. AGE (In years last birthday): 42 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): B.O.P. Plant
10b. KIND OF BUSINESS OR INDUSTRY: General Motors
11. BIRTHPLACE (City and state or country): Nashville, Tennessee
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: J. Preston Jones
13b. MOTHER'S MAIDEN NAME: Bessie Whitley
14. NAME OF HUSBAND OR WIFE: Mary Ruth Jones

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.: 412-14-9198
17. INFORMANT: Mary Ruth Jones Address: Kansas City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): ~~Cause of Death unknown~~
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ~~Pneumonia~~ Lab Exam positive for
DUE TO (c): alcohol + Barbiturates

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 9718

19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐ **SUICIDE** ? ☐ **HOMICIDE** ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 _____, to _____ and last saw her/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): Hugh H. Owens Coroner
22b. ADDRESS: 1034 Realty Bldg
22c. DATE SIGNED: 4-20-59

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 4-21-59
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State): NASHVILLE TENN.

24. FUNERAL DIRECTOR ADDRESS: Stine & McClure, Kansas City, Mo.
25. DATE RECD. BY LOCAL REG.: 4-21-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Hugh H. Owens

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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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Lawson City, M

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.