

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017786

STATE FILE NUMBER

FILED JUN 9 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2365

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 Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Independence Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Hos.		Length of stay in lb 3 1/2 Mo.	700 ⁵ STREET ADDRESS 314 Kendall Court. (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last KENNETH R. JONES.			4. DATE OF DEATH Month Day Year 5 11 59.
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6-7-28
10a. USUAL OCCUPATION (Give kind of work done during last year, even if retired) electrician		10b. KIND OF BUSINESS OR INDUSTRY power & light	11. BIRTHPLACE (City and state or country) Pickrell Neb.
13a. FATHER'S NAME Robert L. Jones.		13b. MOTHER'S MAIDEN NAME A. Ellen Jones.	14. NAME OF HUSBAND OR WIFE Mildred 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. 508 28 6792	17. INFORMANT Address Mildred Jones 314 Kendall Court.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic Carcinoma to lungs Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: } DUE TO (b) Terrstoma Left testicle DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 178X			INTERVAL BETWEEN ONSET AND DEATH 11 months June-58
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 Month, Day, Year 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 12-58 to 5-11-59 and last saw ^{her} him alive on 5-11-59 Death occurred at Osteopathic Hosp 10:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dr Frederick A. Trefler D.O.		22b. ADDRESS 5518 Truman Rd KC 26 Mo	22c. DATE SIGNED 5-11-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-13-59	23c. NAME OF CEMETERY OR CREMATORY New Salem	23d. LOCATION (City, town, or county) (State) Independence Missouri
24. FUNERAL DIRECTOR ADDRESS WARNICK EADS FUNERAL HOME.		25. DATE RECD. BY LOCAL REG. 5-12-59	26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare public service
300
-57
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All diseases in Part I must be causally related.
Frederick A. Trefler, USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

MS SEP 29 1960

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 *John A. Hildensperger*

Licensed Embalmer No. *5058*

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.