

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021460

FILED JUL 13 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3082

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 type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DELORA REST HOME		Length of stay in 1b 50 YRS.	d. STREET ADDRESS (If outside, give location) 4527 PARK		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ANNA Middle EDEN Last JONES			4. DATE OF DEATH Month JUNE Day 22, Year 1959		
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 DEC 5, 1864	9. AGE (In years last birthday) 94 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) EDINA, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JOSEPH CUNNINGHAM		13b. MOTHER'S MAIDEN NAME NANCY EDEN		14. NAME OF HUSBAND OR WIFE JOHN THOMAS 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. NONE	17. INFORMANT Address W. R. JONES 7036 BALES AVE.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic pneumonia DUE TO (b) Cerebral apoplexy DUE TO (c) Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 334x					INTERVAL BETWEEN ONSET AND DEATH 12 hrs 13 hrs 50 yrs
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 Kansas City Jackson Mo.	
21. I attended the deceased from June 18 '59 to June 22 '59 and last saw her alive on June 22 '59 Death occurred at 9:55 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE R. H. Crouch		(Degree or title) D.O.		22b. ADDRESS 2805 East 6 Kansas City, Mo.	
22c. DATE SIGNED 6-23-59					
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JUNE 25, 1959		23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEM	
		23d. LOCATION (City, town, or county) KANSAS CITY, MO.		(State)	
24. FUNERAL DIRECTOR D.W. McCombs' Son.		ADDRESS K.C. MO.		25. DATE RECD. BY LOCAL REG. 6-24-59	
26. REGISTRAR'S SIGNATURE neva munsell					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

R. H. Crouch

MEDICAL CERTIFICATION

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 *Albert L. Savage*

Licensed Embalmer No. *4812*

P. O. Address *Hansen 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.