

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021462

FILED JUN 17 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2678

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 Kansas City TOWN		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital		d. STREET ADDRESS (If outside, give location) 1100 Ward Parkway	
Length of stay in lb 49 Years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HOWARD Middle S. Last JONES			4. DATE OF DEATH Month May Day 29 Year 1959
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 March 21, 1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Palace Clothing Company		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 80
11. BIRTHPLACE (City and state or country) Browning, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Elijah Jones		13b. MOTHER'S MAIDEN NAME Lavenia Venable	14. NAME OF HUSBAND OR WIFE Mary L. 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. 487-03-5257	17. INFORMANT Address Mrs. Mary L. Jones, 1100 Ward Parkway, K.C. Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intertrochanteric fracture of femur Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic Pulmonary Emphysema DUE TO (c) arterio-sclerotic heart disease			INTERVAL BETWEEN ONSET AND DEATH 4 wks.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Myocardial infarction			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Fell at home		
20c. TIME OF INJURY Hour 5-1-59 a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In Home		20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson STATE Mo.	
21. I attended the deceased from 5-1-59 to 5-29-59 and last saw her alive on 5-29-59 . Death occurred at 11:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John L. Barnard M.D.		22b. ADDRESS 4312 J.C. Nichols Pkwy	22c. DATE SIGNED 5-31-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE June 1, 1959	23c. NAME OF CEMETERY OR CREMATORY Jenkins Cemetery	23d. LOCATION (City, town, or county) (State) Browning, Missouri
24. FUNERAL DIRECTOR ADDRESS FREEMAN MORTUARY, Kansas City, Missouri.		25. DATE RECD. BY LOCAL REG. 5-31-59	26. REGISTRAR'S SIGNATURE Mrs. Minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

John L. Barnard

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 Clayton K Barnes

Licensed Embalmer No. 4793
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.