

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032725

FILED VS. OCT 6 1959/46

Primary Registration District No. 5569 Registrar's No. 418

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brooking		Length of stay in 1b 2 yrs.	c. CITY OR TOWN Brooking
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8108 Short		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 8108 Short
3. NAME OF DECEASED (Type or print) First William Middle Moses Last Jones		4. DATE OF DEATH Month Sept. Day 24 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 Oct. 11 1892
9. AGE (last birthday) 66		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during month of working life, even if retired) No		10b. KIND OF BUSINESS OR INDUSTRY Lumber	11. BIRTHPLACE (City and state or country) Vienna, Illinois
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Wm. D. Jones	
13b. MOTHER'S MAIDEN NAME Belle Woods		14. NAME OF HUSBAND OR WIFE Daisy Doris 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. 332-03-3652	17. INFORMANT Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 2 years
IMMEDIATE CAUSE (a) coronary heart disease		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) atherosclerosis	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____		
20d. INJURY OCCURRED WHILE AT WORK <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.)	20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____
21. I attended the deceased from July 1957 to present and last saw him alive on Apr 2, 1959 Death occurred at 5:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Harry E. Wall MD	22b. ADDRESS 751 E 63rd KCMO	22c. DATE SIGNED 9/25/59	

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Sept. 27, 1959	23c. NAME OF CEMETERY OR CREMATORY Brooking	23d. LOCATION (City, town, or county) (State) Raytown, Mo.
24. FUNERAL DIRECTOR Kepley-Hinton	ADDRESS Raytown, Mo.	25. DATE RECD. BY LOCAL REG. 9-27-59	26. REGISTRAR'S SIGNATURE James A. Davis

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John R. D. Dider
Licensed Embalmer No. 453
P. O. Address Kansas C.

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.