

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045471

FILED VS DEC 29 1960 73

STATE FILE NUMBER

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 131

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY CLAY	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LIBERTY	a. STATE MO	b. COUNTY JACKSON
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION I. O. O. F. Hosp		c. CITY OR TOWN KANSAS CITY	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Length of stay in lb 5 YRS		d. STREET ADDRESS 4531 MADISON	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First JAMES	Middle EVERETT	Last JONES	Month Dec	Day 20
Year 1960				
5. SEX MALE	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 7-16-1866	9. AGE (last birthday) 94
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAIL CARRIER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Grandview, Mo	12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME JAMES WILEY JONES	13b. MOTHER'S MAIDEN NAME MARY WYATT	14. NAME OF HUSBAND OR WIFE LILIAN SHARP JONES
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes SPANISH AMER.	16. SOCIAL SECURITY NO. No	17. INFORMANT Genevieve Jones 7500 High Drive

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 4 7/8 hrs
IMMEDIATE CAUSE (a)	Arteriosclerosis	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
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 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 **1987** to **Dec 20** and last saw him alive on **Dec 19**.
Death occurred at **1801** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>W. J. Podon MD</i>	(Degree or title)	22b. ADDRESS Liberty Mo	22c. DATE SIGNED 12/21/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE 12-21-60	23c. NAME OF CEMETERY OR CREMATORY O.W. Newcomer's	23d. LOCATION (City, town, or county) (State) Kansas City, Mo.

24. FUNERAL DIRECTOR D.W. Newcomer Sons K.C. Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. 12-21-60	26. REGISTRAR'S SIGNATURE <i>Mabel Graham</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. Goodson
3:30 p.m.

JAN 6 1961
FEB 16 1961

STATEMENT BY LICENSED EMBALMER

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

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Shawn H. Hill

Licensed Embalmer No. 458

P. O. Address K.C. 18

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.