RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-046150

FILED VS DEC 30 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6194 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b: 1½ years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bridge 12th & Liberty. — Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 1318 West 44th. Terrace. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First JOHN Middle REAY Last JONES
4. DATE OF DEATH Month December Day 8 Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Married
8. DATE OF BIRTH 6-5-1906
9. AGE (last birthday) 54
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Admin. Assistant.
10b. KIND OF BUSINESS OR INDUSTRY T.W. A. Air-Lines
11. BIRTHPLACE (City and state or country) London, Ohio.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME PAUL JONES
13b. MOTHER'S MAIDEN NAME STELLA REAY
14. NAME OF HUSBAND OR WIFE DOROTHY E. JONES
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service) ------
16. SOCIAL SECURITY NO. 561-16-4559
17. INFORMANT DOROTHY E. JONES — Address 1318 WEST 44TH TER KANSAS CITY, 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) Crushed Skull multiple
Conditions, If any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) fractures Lower Extremities
DUE TO (c) Ruptured Viscera
INTERVAL BETWEEN ONSET AND DEATH
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) Jumped off of Viaduct
20c. TIME OF INJURY Hour a.m. p.m. 12-8-60 Month, Day, Year Left Notes
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Liberty Viaduct
20f. CITY, TOWN, OR LOCATION Kansas city — COUNTY Jackson — STATE mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 12:05 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Hugh H. Owens (Degree or title) Coroner
22b. ADDRESS 152 Mission Station
22c. DATE SIGNED 12-9-60

23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION
23b. DATE DEC. 11, 1960
23c. NAME OF CEMETERY OR CREMATORY D. W. NEWCOMER'S SONS
23d. LOCATION (City, town, or county) KANSAS CITY (State) MISSOURI

24. FUNERAL DIRECTOR D. W. Newcomer's Sons — ADDRESS Kansas City, Missouri.
25. DATE RECD. BY LOCAL REG. 12-9-60
26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

AFFIDAVIT OF Hugh H. Owens

APR 26 1961

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Vern Lawler

Signature of Student Embalmer

Licensed Embalmer No. 491

P. O. Address K6 Me

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