

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

AMENDED

Registration District No. 146 Primary Registration District No. 9026 Registrar's No. 97 - 61-005622

FILED VS FEB 28 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Jackson	b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Independence	a. STATE Kansas	b. COUNTY Wyandotte
Length of stay in 1b 2 Yrs.		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 Bapt. Conv. Home		d. STREET ADDRESS 708 Freeman	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First MARY	Middle	Last JONES	4. DATE OF DEATH	Month Feb.	Day 18,	Year 1961
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5. SEX Female	6. COLOR OR RACE Col	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 7-1882	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 24 HR. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Kentucky	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Gaines Tolliver	13b. MOTHER'S MAIDEN NAME Malissa Shanklin	14. NAME OF HUSBAND OR WIFE Charles Jones
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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 Dorothy Harrington	Address 320 Quindaro
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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
IMMEDIATE CAUSE (a)	Pulmonary infarction	Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	Minutes
	Thrombosis of pulmonary arteries	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) aorta; Dehydration (Severe) Cerebral edema, Malnutrition Generalized arteriosclerosis.	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from Aug. 13, 1958 to Feb. 18, 1961 and last saw her alive on Feb. 16, 1961
Death occurred at 5:10 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Dorothy M. Maternis, D.O.</i>	(Degree or title)	22b. ADDRESS 809 N. Lexington Independence, Mo.	22c. DATE SIGNED 2/19/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2/21/61	23c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery	23d. LOCATION (City, town, or county) Kansas City Kansas
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24. FUNERAL DIRECTOR Nathan W. Thatcher	ADDRESS K.C.K.	25. DATE RECD. BY LOCAL REG. 2-21-61	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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DATE AMENDED
3/30/61

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ
Pt II See the information added

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF attending physician

MAR 3 1961

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 Clifford L Woods

Licensed Embalmer No. 3106

P. O. Address 1520 N 5th

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.