

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-61-008886**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1143

STATE FILE NUMBER

AMENDED

**FILED MAR 29 1961**

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| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Cass</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Kansas City</u>                                    |  | Length of stay in 1b<br><u>6 mos.</u>  | c. CITY OR TOWN <u>Pleasant Hill</u><br>Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                      |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><u>Margaret -K. Nursing Home</u> |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u></u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <u>Charles</u> Middle <u>Lee</u> Last <u>Jones</u> | 4. DATE OF DEATH<br>Month <u>3-</u> Day <u>30-</u> Year <u>1961</u> |
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|                    |                               |   |                                  |                                  |  |  |
|--------------------|-------------------------------|---|----------------------------------|----------------------------------|--|--|
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH <u>9-9-1887</u> | 9. AGE (last birthday) <u>73</u> | IF UNDER 1 YEAR<br>Months <u></u> Days <u></u> | IF UNDER 24 HR<br>Hours <u></u> Min. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>retired printer</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Newspaper</u> | 11. BIRTHPLACE (City and state or country)<br><u>Mound City, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>U. S.</u> |
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| 13a. FATHER'S NAME<br><u>George H. Jones</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Mary Ann Pearch</u> | 14. NAME OF HUSBAND OR WIFE<br><u>-</u> |
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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)<br><u>no</u> | 16. SOCIAL SECURITY NO.<br><u></u> | 17. INFORMANT Address<br><u>Mrs. Ernest L. Long 7348 Walnut</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>cerebral hemorrhage</u><br>INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) <u>hypertension</u><br>5 yrs.       |
|  | DUE TO (c) <u>terminal pneumonia</u><br>2 days |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u></u> | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED?<br>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.)<br><u></u> |
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| 20c. TIME OF INJURY<br>Hour <u></u> a.m. <u></u> p.m. <u></u><br>Month, Day, Year <u></u> |
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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.)<br><u></u> | 20f. CITY, TOWN, OR LOCATION<br><u></u> COUNTY <u></u> STATE <u></u> |
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| 21. I attended the deceased from <u>Dec. 1, 1960</u> to <u>3-3-61</u> and last saw her/him alive on <u>3-3-61</u><br>Death occurred at <u>7:00 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title)<br><u>M. B. Casebolt MD</u> | 22b. ADDRESS<br><u>4050 Baltimore</u> | 22c. DATE SIGNED<br><u>3-4-61</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>3-6-61</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Maple Grove</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Oregon, Mo.</u> |
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| 24. FUNERAL DIRECTOR ADDRESS<br><u>Wagner Funeral Home, K. C. Mo.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>3-4-61</u> | 26. REGISTRAR'S SIGNATURE<br><u>Ruth Long</u> |
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF DATE AMENDED)

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION M. B. Casebolt

**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 Phillip L. Smith, Student Embalmer No. 677

working under my personal supervision.

Student Phillip L. Smith  
Signature of Student Embalmer

Signed Alvin R. Hansen

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.

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.