

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-027186

3725

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 102 Registrar's No.

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1

2 3 23 8

3

4 0

5 1

6

7 0

8 0

9 4201

10

11

12 86-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF Frank Paul Laurence, MD MEDICARE CERTIFICATION

1. PLACE OF DEATH
 a. COUNTY **Jackson**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Kansas City** Length of stay in lb **45 yrs**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Lewellen Nursing Home** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Mo** b. COUNTY **Jackson**
 c. CITY OR TOWN **Kansas City** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **1802 Norton** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Calvin Ratio Jones

4. DATE OF DEATH Month Day Year
7 15 1962

5. SEX **male** 6. COLOR OR RACE **white** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **7/11/1878** 9. AGE (last birthday) **84** 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) **Carpenter** 10b. KIND OF BUSINESS OR INDUSTRY **Self** 11. BIRTHPLACE (City and state or country) **Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A**

13a. FATHER'S NAME **John Jones** 13b. MOTHER'S MAIDEN NAME **Lena** 14. NAME OF HUSBAND OR WIFE **Sarah E. Jones**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service **no** 17. INFORMANT Address **Mrs Sarah E. Jones 1802 Norton N.C., Mo**

18. CAUSE OF DEATH (Enter only one cause per line)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **CORONARY OCCLUSION 1 day**
 DUE TO (b) **Chronic Myocarditis 8 years**
 DUE TO (c) **Arteriosclerosis 15 12yrs**
 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. 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.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **4-13-61** to **7-15-62** and last saw her alive on **7-15-62**
 Death occurred at **5:05 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Frank Paul Laurence MD** 22b. ADDRESS **428 South White Ave** 22c. DATE SIGNED **7-15-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **7/18/1962** 23c. NAME OF CEMETERY OR CREMATORY **Memorial Park** 23d. LOCATION (City, town, or county) (State) **Kansas City, Mo-**

24. FUNERAL DIRECTOR **C. H. Blackman & Son N.C., Mo** ADDRESS 25. DATE RECD. BY LOCAL REG. **7-17-62** 26. REGISTRAR'S SIGNATURE **Kath H. Long**

USE BLACK INK OR TYPEWRITER RIBBON

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

Robert B. Boyd

Licensed Embalmer No.

4888

P. O. Address

NC 24, MO.

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.