

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034823

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4786 STATE FILE NUMBER

**FILED SEP 28 1962**

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 6 weeks  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson County Hospital Inside Limits  No   
 d. STREET ADDRESS (If outside, give location) 9211 Wilson Rd. Reside on Farm Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri COUNTY Jackson  
 c. CITY OR TOWN Independence Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 9211 Wilson Rd. Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
Luvernie ----- Jones Sept. 15, 1962

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH Jan. 25, 1894 9. AGE (last birthday) 68  
 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and state or country) Cedar Gap, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME William Butcher 13b. MOTHER'S MAIDEN NAME Rosa Gregory 14. NAME OF HUSBAND OR WIFE Charley Jones (Dec.)

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 Address Robert Jones, Kansas City, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Chronic Glomerulonephritis. INTERVAL BETWEEN ONSET AND DEATH 2 yrs  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_

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 Month, Day, Year a.m. p.m.  
 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 Aug 3 1962 to 9-13-62 and last saw her alive on 9-14-62  
 Death occurred at 1:20 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert Mosser (degree or title) 22b. ADDRESS Independence, Mo 22c. DATE SIGNED 9/16/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE Sept. 18, 1962 23c. NAME OF CEMETERY OR CREMATORY Brooking Cemetery 23d. LOCATION (City, town, or county) (State) Raytown, Missouri

24. FUNERAL DIRECTOR Langsford Funeral Home, Lee's Summit ADDRESS Missouri 25. DATE RECD. BY LOCAL REG. 9-18-62 26. REGISTRAR'S SIGNATURE Or with Long

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DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF

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 *M. B. Langford*

Licensed Embalmer No. *17963*  
P. O. Address *Leicester Summit*  
*ms.*

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.