

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043066
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 567

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 29 1962

VS 300
Rev. 4/59

17005

27005

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE		Length of stay in 1b 64 yrs.	c. CITY OR TOWN INDEPENDENCE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. INDEP. SAN. & HOSP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 724 NO. MAIN ST.
3. NAME OF DECEASED (Type or print) First J. Middle RENICK Last JONES		4. DATE OF DEATH Month NOVEMBER Day 22 Year 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-4-1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK OF COURT		10b. KIND OF BUSINESS OR INDUSTRY K.C. COURT OF APPEALS	11. BIRTHPLACE (City and state or country) INDEPENDENCE, MO.
13a. FATHER'S NAME WILLIAM T. JONES		13b. MOTHER'S MAIDEN NAME BETTY LIVESAY	14. NAME OF HUSBAND OR WIFE LILLIAN E. JONES
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 Lillian E. Jones, 724 No. Main St., Indep. Mo.
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary thrombosis with Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic cardiovascular disease DUE TO (c) None			INTERVAL BETWEEN ONSET AND DEATH 1 hour 2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? 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.)	
20c. TIME OF INJURY Hour Month, Day, Year		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
21. I attended the deceased from Aug 1960 , to Nov. 22, 1962 and last saw him alive on Nov. 19, 1962 Death occurred at 10:45 am on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H W Kearnes MD (Degree or title)		22b. ADDRESS 10901 Winnin Road, Jackson	22c. DATE SIGNED 11/25/62 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-26-62	23c. NAME OF CEMETERY OR CREMATORY MOUNT MORIAH CEMETERY	23d. LOCATION (City, town, or county) KANSAS CITY, MISSOURI
24. FUNERAL DIRECTOR ADDRESS GEO. C. CARSON & SONS, INDEPENDENCE, MO.		25. DATE RECD. BY LOCAL REG. 11-24-62	26. REGISTRAR'S SIGNATURE Alba L. Craig

USE BLACK INK OR TYPEWRITER RIBBON

NOV 30 1962

11-24-62

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 Leroy J. Tyler

Licensed Embalmer No. 4941

P. O. Address Independence 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.

DR