

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036244

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4712

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 18 1963	
1. PLACE OF DEATH	
a. COUNTY JACKSON	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY, MISSOURI	a. STATE MISSOURI b. COUNTY JACKSON
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL, KC, MO.	c. CITY OR TOWN KANSAS CITY, MISSOURI Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS 2118 TRACY, KC, MO.	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED	
First HOLLIS Middle LEE Last JONES	4. DATE OF DEATH Month AUGUST Day 25 Year 1963
5. SEX MALE	6. COLOR OR RACE NEGRO
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/23/18
9. AGE (last birthday) 45	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY LABORER
11. BIRTHPLACE (City and state or country) RINGGOLD, LA.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME HENRY JONES	13b. MOTHER'S MAIDEN NAME NARCISSEUS ROBERSON
14. NAME OF HUSBAND OR WIFE LOUISE JONES	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) YES 10/22/41 to 10 20
16. SOCIAL SECURITY NO. 20	17. INFORMANT MRS LOUISE JONES
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
PART I. IMMEDIATE CAUSE (a) CEREBRAL EDEMA AND ENCEPHALOMALACTIA, SEVERE	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) RUPTURED ANEURYSM LEFT MIDDLE CEREBRAL ARTERY	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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.)	
20c. TIME OF INJURY Hour a.m. p.m. 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 VA	COUNTY STATE
I attended the deceased from 8/22/63 to 8/25/63 and last saw him alive on 8/25/63	
Death occurred at 6:00 AM 8/25/63 m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <i>James M. Flynn MD</i>	22b. ADDRESS VA HOSPITAL, KANSAS CITY, MO
22c. DATE SIGNED 8-25-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-30-63
23c. NAME OF CEMETERY OR CREMATORY Ringgold, Louisiana	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR Watkins Bros. Funeral Home 18th & Benton	25. DATE RECD. BY LOCAL REG. 8-26-63
26. REGISTRAR'S SIGNATURE <i>Bessie Smith</i>	

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION

James M. Flynn

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 Bruce R. Watkins

Licensed Embalmer No. 4500

P. O. Address 18th & Benton

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.