S. No. 300
Rev. 10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8827

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1245

1. PLACE OF DEATH
a. COUNTY Jackson Mo
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City Mo
c. LENGTH OF STAY (In this place) 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Osteopathic Hosp. (11th & Harrison)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Buckner
d. STREET ADDRESS (If rural, give location) none

0480 X

3. NAME OF DECEASED (Type or Print)
a. (First) John b. (Middle) Lewis c. (Last) Mc Cary

4. DATE OF DEATH (Month) (Day) (Year) 3 - 14 - 50

5. SEX Male 0

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH July 6 1870

9. AGE (In years last birthday) 79 Months 8 Days 8 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer

10b. KIND OF BUSINESS OR INDUSTRY his farm

11. BIRTHPLACE (State or foreign country) Fluvanna County, Vir.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Benj. L. McCary

13b. MOTHER'S MAIDEN NAME Roxanna Mayo

14. NAME OF HUSBAND OR WIFE Mrs. Fannie Lee McCary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. no

17. INFORMANT'S SIGNATURE OR NAME Mrs. Fannie Lee Mc Cary **ADDRESS** Buckner Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Myocardial degeneration

DUE TO (c) Atherosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4221

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 7, 1950, *to* March 14, 1950, *that I last saw the deceased alive on* March 14, 1950, *and that death occurred at* 4:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE L. W. Higgins (Degree or title) L. W. Higgins M.D.

23b. ADDRESS Buckner Mo.

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE Mar-16-50

24c. NAME OF CEMETERY OR CREMATORY Buckner Hill Cem.

24d. LOCATION (City, town, or county) (State) Buckner Missouri

DATE REC'D BY LOCAL REG. 3-16-50

REGISTRAR'S SIGNATURE Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE M. Roberts **ADDRESS** Buckner Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 _____
Student Embalmer

Signed Ralph O. Jones

Licensed Embalmer No. 4604

P. O. Address Buckner, 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 this body is not embalmed, fact should be so stated above.