

FILED MAR 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8952  
Registrar's No. 85

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026

1. PLACE OF DEATH  
a. COUNTY Jackson  
b. CITY (If outside corporate limits, write RURAL and give ORL TOWN Independence  
c. LENGTH OF STAY (in this place) 12 yrs  
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, 1700 Overton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri  
b. COUNTY Jackson  
c. CITY (If outside corporate limits, write RURAL and give township) Independence 0485  
d. STREET ADDRESS (If rural, give location) 1700 Overton 0

3. NAME OF DECEASED (Type or Print)  
a. (First) Mary  
b. (Middle) Bailey  
c. (Last) Reasor  
4. DATE OF DEATH (Month) (Day) (Year) Mar. 3, 1951

5. SEX female  
6. COLOR OR RACE white  
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed  
8. DATE OF BIRTH Feb. 24, 1866  
9. AGE (In years last birthday) 84

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife  
10b. KIND OF BUSINESS OR INDUSTRY self employed  
11. BIRTHPLACE (State or foreign country) Lee County, Va.  
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME N. G. Bailey  
13b. MOTHER'S MAIDEN NAME L. Flannery  
14. NAME OF HUSBAND OR WIFE James H. Reasor (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) no none  
16. SOCIAL SECURITY NO. none  
17. INFORMANT'S SIGNATURE OR NAME Mrs. J. W. Goodman  
ADDRESS Independence, 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, asthma, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Carcinoma of Caecum & the Sigmoid  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS Cachectic & inanition  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 1 year  
153X  
Final

19a. DATE OF OPERATION  
19b. MAJOR FINDINGS OF OPERATION Ileus - Colostomy was done  
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 11, 1950, to March 3, 1951, that I last saw the deceased alive on March 2, 1951, and that death occurred at 1:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Allen M.D.  
23b. ADDRESS Independence, Mo.  
23c. DATE SIGNED March 5, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial  
24b. DATE Mar. 5, 1951  
24c. NAME OF CEMETERY OR CREMATORY Liberty  
24d. LOCATION (City, town, or county) (State) Liberty, Mo.

DATE REC'D BY LOCAL REG. Mon. 4-1951  
REGISTRAR'S SIGNATURE [Signature]  
25. FUNERAL DIRECTOR'S SIGNATURE G. L. Carson  
ADDRESS Independence, Mo.

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

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MAR 23 RECD

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 John S. Weisman  
Licensed Embalmer No. 4704

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 this body is not embalmed, fact should be so stated above.