No. 300
10.48

FILED DEC 8- 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37753

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 4238 Registrar's No. 455

480

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Buckner
c. LENGTH OF STAY (in this place) 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) her home

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 0457
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Susan (Jones) c. (Last) Scott

4. DATE OF DEATH (Month) (Day) (Year) Nov.26.1951

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Dec. 23.1864
9. AGE (In years last birthday) 86 Months 11 Days 311

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife
10b. KIND OF BUSINESS OR INDUSTRY her home work
11. BIRTHPLACE (State or foreign country) Cooper County Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Jones
13b. MOTHER'S MAIDEN NAME Elizabeth Melton
14. NAME OF HUSBAND OR WIFE Simon Scott

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 ADDRESS Mrs. Nellei Leavell KC Kansas 2314 So Mill St

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) Chronic Myocardial degeneration

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

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

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4222
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 May, 1949, to Nov.26, 1951, that I last saw the deceased alive on Nov.26, 1951, and that death occurred at 7 P.M., from the causes and on the date stated above.

23a. SIGNATURE John L Heisler (Degree or title) DO
23b. ADDRESS Buckner Missouri
23c. DATE SIGNED Nov.27/51

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Nov.29.1951
24c. NAME OF CEMETERY OR CREMATORY Maple Hill Cem.
24d. LOCATION (City, town, or county) (State) Kansas City Kansas

DATE REC'D BY LOCAL REG. Nov.29/51
REGISTRAR'S SIGNATURE James L Craig 354
25. FUNERAL DIRECTOR'S SIGNATURE Vernon M. Kesspert = ADDRESS Buckner Mo

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 4 REC'D

JUL 10 1956

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. ~~4604~~, working under my personal supervision.

Student .....
Student Embalmer

Signed Ralph O Jones

Licensed Embalmer No. 4604

P. O. Address Buckner, N

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.