.S. No. 300
ev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28420

State File No.

FILED AUG 28 1952

BIRTH NO. REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY Jackson 0480 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hickman Mills
c. LENGTH OF STAY (In this place) 28 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 11137 Applewood Drive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jackson 0480
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hickman Mills
d. STREET ADDRESS (If rural, give location) 11137 Applewood Drive

3. NAME OF DECEASED (Type or Print)
a. (First) Jessie b. (Middle) Lena R. c. (Last) Best

4. DATE OF DEATH (Month) (Day) (Year) Aug 26 1952

5. SEX Female

6. COLOR OR RACE White

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

8. DATE OF BIRTH Dec 19 1875

9. AGE (In years last birthday) 76 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY At home

11. BIRTHPLACE (City and State or Foreign Country) Louisiana, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Orson Reed

13b. MOTHER'S MAIDEN NAME Cevila Paige

14. NAME OF HUSBAND OR WIFE John G. Best

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

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Lowell C. Best K.C. Mo. **ADDRESS** 106 N. Merrington

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal obstruction

ANTECEDENT CAUSES

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

DUE TO (b) Volvulus of the small intestine

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 57C3

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~~ _____, 19__, ~~to~~ _____, 19__, ~~that I last saw the deceased alive on~~ _____, 19__, ~~and that death occurred at~~ 2:15 p.m., ~~from the causes and on the date stated above.~~

23a. SIGNATURE Lowell C. Best M.D. (Degree or title) Pathologist

23b. ADDRESS St. Joseph Hosp. Kansas City Mo

23c. DATE SIGNED 8-22-52

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

24b. DATE Aug. 23, 1952

24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery

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

DATE REC'D BY LOCAL REG. 8/23/52

REGISTRAR'S SIGNATURE Dr. Minnie L. Hedges 136-C

25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newcomer's Sons **ADDRESS** Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

SEP 2 5 1952

AUG 27 REC'D

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 R. Sudmon

Licensed Embalmer No. 4531

P. O. Address Kansas City, 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.