

FILED JUN 8 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15692**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **190**

|  |  |   |                                     |
|--|--|---|-------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo</b> b. COUNTY <b>Jackson</b> |                                     |
| b. CITY (If outside corporate limits, write RURAL and give town) <b>Grain Independence</b> |  | c. LENGTH OF STAY (in this place) <b>10da</b>   | c. CITY OR TOWN <b>Grain Valley</b> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Independence San &amp; Hospital</b>             |  | STREET ADDRESS (If rural, give location) <b>2 Mile North</b>  |                                     |

|  |                           |           |   |
|--|---------------------------|-----------|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>James</b> | b. (Middle) <b>Napier</b> | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>May 17 1955</b> |
|--|---------------------------|-----------|---|

|                 |                            |   |                                      |   |                        |                                  |
|-----------------|----------------------------|---|--------------------------------------|---|------------------------|----------------------------------|
| 5. SEX <b>M</b> | 6. COLOR OR RACE <b>Wh</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>April 7 1882</b> | 9. AGE (In years last birthday) <b>73</b> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days Hours Min. |
|-----------------|----------------------------|---|--------------------------------------|---|------------------------|----------------------------------|

|  |   |  |   |
|--|---|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cattle Importer</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>&amp; Farmer</b> | 11. BIRTHPLACE (City and State or Foreign Country) <b>Scotland</b> | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b> |
|--|---|--|---|

|  |  |   |
|--|--|---|
| 13a. FATHER'S NAME <b>James Napier</b> | 13b. MOTHER'S MAIDEN NAME <b>Nellie Strachen</b> | 14. NAME OF HUSBAND OR WIFE <b>Bella Napier</b> |
|--|--|---|

|   |                         |   |                                |
|---|-------------------------|---|--------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <b>Charles Napier</b> | ADDRESS <b>Grain Valley Mo</b> |
|---|-------------------------|---|--------------------------------|

|   |  |  |  |
|---|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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  |  | INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>  |  |  |
|   | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Coronary Bileary</b> |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>Subacute Cholecystitis</b>  |  |  | <b>12 days</b>                                 |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|--|

|  |  |   |
|--|--|---|
| 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from **May 1, 1955**, to **May 17, 1955**, that I last saw the deceased alive on **May 17, 1955**, and that death occurred at **8:24 a.m.**, from the causes and on the date stated above.

|   |                             |                                  |                                   |
|---|-----------------------------|----------------------------------|-----------------------------------|
| 23a. SIGNATURE <b>John W. Williams MD</b> | (Degree or title) <b>MD</b> | 23b. ADDRESS <b>Oak Grove Mo</b> | 23c. DATE SIGNED <b>May 18-55</b> |
|---|-----------------------------|----------------------------------|-----------------------------------|

|   |                              |  |  |
|---|------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>May-20 1955</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Blue Springs</b> | 24d. LOCATION (City, town, or county) (State) <b>Blue Springs Mo</b> |
|---|------------------------------|--|--|

|   |  |   |                                |
|---|--|---|--------------------------------|
| DATE REC'D BY LOCAL REG. <b>5-20-55</b> | REGISTRAR'S SIGNATURE <b>[Signature]</b> | GENERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> | ADDRESS <b>Blue Springs Mo</b> |
|---|--|---|--------------------------------|

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Walter R. Burk*.....

Licensed Embalmer No. *23*.....

P. O. Address *Blue Springs*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
to comply with the above constitutes grounds for revocation of licensé).  
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.