

FILED MAR 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5275

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4239 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lee's Summit		c. LENGTH OF STAY (In this place) 1 hr.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lone Jack			
d. FULL NAME OF HOSPITAL OR INSTITUTION 18 East 3rd St.			d. STREET ADDRESS (If rural, give location) General Delivery - Town			
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) ----- c. (Last) Necessary			4. DATE OF DEATH (Month) (Day) (Year) Feb. 26, 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 28, 1888	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Buckner, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Charles Necessary		13b. MOTHER'S MAIDEN NAME Angeline Begley		14. NAME OF HUSBAND OR WIFE Ella Necessary		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 500-03-7520	17. INFORMANT'S SIGNATURE OR NAME Ella Necessary, Lone Jack, 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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> 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. Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 day	
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)	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 2-26, 1956, to 2-26, 1956, that I last saw the deceased alive on 2-26, 1956, and that death occurred at 3:45 P.M., from the causes and on the date stated above.						
23a. SIGNATURE <u>Christ Miller M.D.</u>			23b. ADDRESS <u>Lee's Summit Mo</u>		23c. DATE SIGNED 2-27-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 28, 1956	24c. NAME OF CEMETERY OR CREMATORY Lone Jack	24d. LOCATION (City, town, or county) (State) Lone Jack, Mo.			
DATE REC'D BY LOCAL REG. 2-29-1956	REGISTRAR'S SIGNATURE <u>N. B. Longshore</u>		25. FUNERAL DIRECTOR'S SIGNATURE Langsford Funeral Home, Lee's Summit			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *N. B. Langford*

Licensed Embalmer No. *54962*

P. O. Address *Lee's Summit*

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

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