

CERTIFICATE OF DEATH

124 70 0048769

STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 226

DO NOT WRITE
ON THIS STUB

VS 300
Rev. 1/70

DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Lucinda Jane Jones			2. F	3. December 22, 1970
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)
4. White	5a. 78	5b.	5c.	6. Nov. 17, 1892
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7a. Harrisonville		7b. Yes	7c. Cass County Memorial Hospital	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Colorado	9. USA	10. Widowed	11.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY	
12. Unknown		13a. Housewife	13b.	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
14a. Mo.	14b. Barry	14c. Monett	14d. Yes	14e. 706 Frisco

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

60055
PARENTS

FATHER—NAME FIRST MIDDLE LAST	MOTHER—MAIDEN NAME FIRST MIDDLE LAST
15. Sumner Stephen Kester	16. Lyle Partridge
INFORMANT—NAME	
17a. Mrs. Noah Davidson	
MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
17b. 1279 E. Greenwood, Springfield, Mo.	

CAUSE

PART I. DEATH WAS CAUSED BY:		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE		
(a) Chronic Leukemia		
DUE TO, OR AS A CONSEQUENCE OF:		
(b)		
DUE TO, OR AS A CONSEQUENCE OF:		
(c)		

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19. Interosseous Cardiac Arrest			20a. Yes	20b. No
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20a.	20b.	20c.	20d.	
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS	
20a.	20b.	20c.	20d. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	

CERTIFIER

CERTIFICATION—PHYSICIAN:	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. I ATTENDED THE DECEASED FROM	12 2 70	21b. 12/22/70	21c. 12 22 70	21d. Yes	21e. 8 44 A.M.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.					
22a. CERTIFIER—NAME TYPE OR PRINT		SIGNATURE		DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)
22b. [Signature]		22c. [Signature]		22d. MD	22e. 12-23-70
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN	STATE ZIP
23a. Harrisonville		23b. 64701		23c. Exeter	23d. Missouri

BURIAL

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	CITY OR TOWN	STATE
24a. Burial	24b. Maplewood Cemetery	24c. Exeter	24d. Missouri
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	24e. Mercer-Moss-York, 102 Dunn, Monett, Mo. 65708	
24a. Dec. 26, 1970	24b. 102 Dunn, Monett, Mo. 65708		
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	
25a. [Signature]	25b. [Signature]	25c. Dec. 30, 1970	

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

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