

FILED MAR 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8765

BIRTH NO. _____		REG. DIST. NO. 150		PRIMARY REG. DIST. NO. 5574		Registrar's No. 50	
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 Rural Van Buren				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Route # 1 Lees Summit, Mo.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 Mi. E. Lake Lotowanta				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) Clara		b. (Middle) Belle		c. (Last) McCandless	
4. DATE OF DEATH		(Month) Mar		(Day) 11		(Year) 49	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Apr. 5 1882		9. AGE (In years last birthday) 66	10. IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Jackson County, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME William Arnold		13b. MOTHER'S MAIDEN NAME Malinda Roof		14. NAME OF HUSBAND OR WIFE John McCandless			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME John McCandless ADDRESS Lee's Summit, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cong Transverse Colon ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 171* 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 15 mo	
19a. DATE OF OPERATION 5-10-48		19b. MAJOR FINDINGS OF OPERATION Enlargable Cong Transverse Colon				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) (Min.)		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 1-29, 1948 , to 3-11, 1949 , that I last saw the deceased alive on 3-10, 1949 , and that death occurred at 1:30 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Allen Brownfield		23b. ADDRESS Lee's Summit, Mo.		23c. DATE SIGNED 3-12-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-13-49		24c. NAME OF CEMETERY OR CREMATORY Adams Cemetery		24d. LOCATION (City, town, or county) (State) 8 Mi. E. of Lees Summit, Mo.	
DATE REC'D BY LOCAL REG. 3-12-49		REGISTRAR'S SIGNATURE Bruce C. Embury 378		25. FUNERAL DIRECTOR'S SIGNATURE Allen Brownfield		ADDRESS Lee's Summit, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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 embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.