

S. No. 300
V. 10.48

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1579
State File No. 1579
Registrar's No. 8

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032

1. PLACE OF DEATH
a. COUNTY Johnson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Johnson

3. NAME OF DECEASED
a. (Type or Print) Mary Elizabeth Iiams b. (Middle) _____ c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year)
Jan. 18 1950

5. SEX Female **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** Widowed

8. DATE OF BIRTH June 20, 1867 **9. AGE** (In years last birthday) 82 **10. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) House Wife **10b. KIND OF BUSINESS OR INDUSTRY** _____

11. BIRTHPLACE (State or foreign country) Johnson County Mo. **12. CITIZEN OF WHAT COUNTRY?** USA

13a. FATHER'S NAME Daniel Scott **13b. MOTHER'S MAIDEN NAME** Rebecca Gwinn **14. NAME OF HUSBAND OR WIFE** Mr. Thomas Iiams

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** Mrs. W. H. Heberling **ADDRESS** 107 Ming

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS*
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____

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) _____ **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 12-2, 1949, to 1-18, 1950, that I last saw the deceased alive on 1-18, 1950, and that death occurred at 1:43 p. m., from the causes and on the date stated above.

23a. SIGNATURE R. Lee Cooper, M.D. (Degree or title) **23b. ADDRESS** Warrensburg Mo **23c. DATE SIGNED** 1-18-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** Jan. 20, 1950 **24c. NAME OF CEMETERY OR CREMATORY** Sunset Hill **24d. LOCATION** (City, town, or county) (State) Warrensburg Missouri

DATE REC'D BY LOCAL REG. Jan 19 1950 **REGISTRAR'S SIGNATURE** Saravand **25. FUNERAL DIRECTOR'S SIGNATURE** Steeney-Phillips **ADDRESS** Warrensburg, MO.

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

APR 21 1950

RECEIVED
JAN 24 1950
JOHNSON COUNTY HEALTH DEPT

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 _____

Leo P Mc Guirk

working under my personal supervision.

Student Embalmer No. *358*

Signed *Leo P Mc Guirk*
Student Embalmer

Signed *J Earl Priest*

Licensed Embalmer No. *3878*

P. O. Address *Warrensburg 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.