S. No. 300
v. 10-48

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

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7841

State File No.

BIRTH NO. REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 30

242
1

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Excelsior Springs
c. LENGTH OF STAY (in this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 109 So. Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: Clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Excelsior Springs 0242
d. STREET ADDRESS (If rural, give location): 109 So. Street

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): FLORENCE
c. (Last): McKEE

4. DATE OF DEATH (Month) (Day) (Year): Feb 12 1951

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Oct 11-1869

9. AGE (In years last birthday): 81 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. 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): Circleville Ohio

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Scott

13b. MOTHER'S MAIDEN NAME: Mary Steeby

14. NAME OF HUSBAND OR WIFE: ##########

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: C.W. Scott-608 Midland Bld K.C.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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Insufficiency — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mitral regurgitation
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Adenia.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: none 410X

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Excelsior Springs Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

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* May, 1946, *to* 2-12-, 1951, *that I last saw the deceased alive on* 2-12, 1951, *and that death occurred at* 12 50 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John H. Hewitt - M.D.

23b. ADDRESS: Excelsior Springs Mo

23c. DATE SIGNED: 2-12-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-13-1951

24c. NAME OF CEMETERY OR CREMATORY: Forrest Hill Cemty

24d. LOCATION (City, town, or county) (State): Kansas City Missouri

DATE REC'D BY LOCAL REG.: 2/13/51

REGISTRAR'S SIGNATURE: Caroline Hutchings 62

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Hope Funeral Home Ex. Springs, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
5
DISTRICT
HEALTH OFFICE
CAMERON, MO.

APR 28 1954

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed James A. Moles

Signed.....
Student Embalmer

Licensed Embalmer No. 3296

P. O. Address Excelsior Springs 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.