S. No. 300
Rev. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28439

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 144

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

1. PLACE OF DEATH
a. COUNTY Jackson 0480
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Prairie
c. LENGTH OF STAY (in this place) 26 days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lone Jack. Mo.
d. STREET ADDRESS (If rural, give location) 2 Miles N. Lone Jack, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First) Bessie.
b. (Middle)
c. (Last) Snow.

4. DATE OF DEATH (Month) 8 (Day) 16 (Year) 1952.

5. SEX Female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow
8. DATE OF BIRTH 8-21-1890
9. AGE (In years last birthday) 62 — 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) Home
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and State or Foreign Country) Jackson County Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Arington
13b. MOTHER'S MAIDEN NAME Florence A. Shopshire
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)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Leslie Snow, Lone Jack, Mo. ADDRESS

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) coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) generalized 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 4201
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) 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* 8-21-, 1952, *to* 8/16, 1952, *that I last saw the deceased alive on* 8-16, 1952, *and that death occurred at* 2:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE John C. Blumenschein (Degree or title) M.D.
23b. ADDRESS Independence Mo
23c. DATE SIGNED 18 Aug 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-19-1952
24c. NAME OF CEMETERY OR CREMATORY Lone Jack
24d. LOCATION (City, town, or county) (State) Lone Jack, Mo.

DATE REC'D BY LOCAL REG. 8/18/52
REGISTRAR'S SIGNATURE Donald C. Earnshaw 3751-0
25. FUNERAL DIRECTOR'S SIGNATURE N B Langsford Lee's Summit Mo ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

6

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 Lamey Ford

Licensed Embalmer No. 3833

P. O. Address Lee's Summit 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.