S. No. 300
v. 10.46

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32097

FILED OCT 7 - 1953

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 369

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): INDEPENDENCE
c. LENGTH OF STAY (in this place): 43 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): INDEPENDENCE SAN.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: FAIRMOUNT Sta.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 802 So. HARDY Kansas City 7 Mo

3. NAME OF DECEASED (Type or Print)
a. (First): JESSIE
b. (Middle): LEONE
c. (Last): MACOUBRIE

4. DATE OF DEATH (Month) (Day) (Year): 9 22 53

5. SEX: FEMALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 6-1-1890
9. AGE (In years last birthday): 63
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): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): TATESVILLE Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Edward FAIRIAN
13b. MOTHER'S MAIDEN NAME: CORA SMITH
14. NAME OF HUSBAND OR WIFE: William MACOUBRIE

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.: 493-22-5009
17. INFORMANT'S SIGNATURE OR NAME: William MACOUBRIE
ADDRESS: 802 So. HARDY

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) Myocardial failure — 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) Carcinoma uterus
DUE TO (c) Diabetes Mellitus

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: 174X
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* 9-4, 1953, *to* 9-22, 1953, *that I last saw the deceased alive on* 9-22, 1953, *and that death occurred at* ..... *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. Saunders (Degree or title) MD
23b. ADDRESS: Independence
23c. DATE SIGNED: 9-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 9/24/53
24c. NAME OF CEMETERY OR CREMATORY: SHAWNEE Cemetery
24d. LOCATION (City, town, or county) (State): SHAWNEE KANS.

DATE REC'D BY LOCAL REG.: 9-24-53
REGISTRAR'S SIGNATURE: [illegible] 304
25. FUNERAL DIRECTOR'S SIGNATURE: Shell Funeral Home
ADDRESS: N. C. 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 embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Richard C. Carroll.....

Licensed Embalmer No. 4879...

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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