THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

41355

State File No.

FILED DEC 22 1954

BIRTH NO: REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 472

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): 30 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 11318 WINNER ROAD

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN: INDEPENDENCE
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 11318 WINNER ROAD 700 S

3. NAME OF DECEASED (Type or Print): a. (First) SCOTT b. (Middle) WALKER c. (Last) REED

4. DATE OF DEATH (Month) (Day) (Year): DEC. 3 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: FEB 10 1873
9. AGE (In years last birthday): 81 IF UNDER 1 YEAR Months: 9 Days: 23 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARM
11. BIRTHPLACE (City and State or Foreign Country): LABETTE COUNTY KANSAS
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: ENOS REED
13b. MOTHER'S MAIDEN NAME: LOUISA WALKER
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MISS ALMA REED ADDRESS: INDEP. 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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Myocarditis - Chronic — 2 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Fracture of femur — 35 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201F
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* Jan. *, 19*53*, to* Dec. 3*, 19*54*, that I last saw the deceased alive on* Dec. 3*, 19*54*, and that death occurred at* 9:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE: M Agee (Degree or title) D.O.
23b. ADDRESS: Independence Mo
23c. DATE SIGNED: 12-3-54

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 12-6-54
24c. NAME OF CEMETERY OR CREMATORY: DEAY CEMETERY
24d. LOCATION (City, town, or county) (State): EUDORA KANSAS

DATE REC'D BY LOCAL REG.: 12-6-54
REGISTRAR'S SIGNATURE: James [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE: Wilson L. Kepley ADDRESS: Lenexa 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 emba

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Vivian L. Kepley

Licensed Embalmer No. 422

P. O. Address Indpo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.