

FILED JUN 22 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18955  
2395

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>KANSAS CITY</b>	c. LENGTH OF STAY (in this place) <b>9 YEARS</b>	c. CITY OR TOWN <b>KANSAS CITY</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2739 HARRISON STREET</b>		STREET ADDRESS (If rural, give location) <b>2739 HARRISON STREET</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>LEONA</b>	b. (Middle) <b>MAY</b>	c. (Last) <b>SCRIDNER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>6 - 1 - 1955</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>DEC 12 1875</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>7</b>	IF UNDER 2 Wks. Hours <b>7</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>BARRY ILLINOIS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>REV. THERADOR FLEMING</b>	13b. MOTHER'S MAIDEN NAME <b>FANNIE PETTY</b>	14. NAME OF HUSBAND OR <del>WIFE</del> <sup>CHARLES</sup> <b>C. W. SCRIDNER</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <sup>CHARLES</sup> <b>C. W. SCRIDNER 2739 HARRISON ST. KANSAS CITY, MO.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>6 mos.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Dis.</b>	DUE TO (b) _____	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Rheumatoid Arthritis Undiagnosed abdominal</b>		<b>4 mos</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Breast tumors</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **Jan 19, 1955**, to **June 1, 1955**, that I last saw the deceased alive on **May 28, 1955**, and that death occurred at **5:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Dr. O. Jayton</b>	(Degree or title) <b>D</b>	23b. ADDRESS <b>1711 Arroyo Bldg. K.C. Mo</b>	23c. DATE SIGNED <b>6-2-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JUNE 3, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MT. WASHINGTON CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>6-3-55</b>	REGISTRAR'S SIGNATURE <b>Neve Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. Newcomer</b>	ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed *Edward M. Stone*.....

Licensed Embalmer No. *44*.....

P. O. Address *K. C. Ill.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.