FILED NOV 14 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 55045

Registration District No. 280 Primary Registration District No. 4423 Registrar's No. 85

1. PLACE OF DEATH
a. COUNTY Platte
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Weston — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Platte
c. CITY OR TOWN Weston — Inside Limits Yes X No ☐
d. STREET ADDRESS — (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Irene Middle Jones Last Scott

4. DATE OF DEATH Month Oct. Day 26, Year 1956

5. SEX female 6. COLOR OR RACE white 7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH Jan. 23, 1912 9. AGE (In years last birthday) 44 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) School Teacher
10b. KIND OF BUSINESS OR INDUSTRY School
11. BIRTHPLACE (City and state or country) Downing, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Arch A. Jones
14. MOTHER'S MAIDEN NAME Lela M. Freshwater

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.
17. INFORMANT Mrs. A. A. Jones Address Weston, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Metastatic adenocarcinoma of lungs — INTERVAL BETWEEN ONSET AND DEATH: 14 Mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Adenocarcinoma of Breast — 6 yrs.
DUE TO (c) XXXXXXXX
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 170X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT X SUICIDE X HOMICIDE X
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) XXXXXXXXXXXXX
20c. TIME OF INJURY Hour a. m. p. m. XXXXXXXXXX Month, Day, Year XXXXXXXXXXXXXXXX
20d. INJURY OCCURRED WHILE AT WORK X NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) XXXXXXXXX
20f. CITY, TOWN, OR LOCATION Weston COUNTY Missouri STATE

21. I attended the deceased from Oct. 25. 1956, to Oct. 26, 1956 and last saw her/him alive on Oct. 26, 5
Death occurred at 2 PM. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lewis C. Calvert M.D. (Degree or title)
22b. ADDRESS Weston Missouri
22c. DATE SIGNED 10/28/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-29-56
23c. NAME OF CEMETERY OR CREMATORY Graceland Cemetery
23d. LOCATION (City, town, or county) Weston, Missouri (State)

24. FUNERAL DIRECTOR Vaughn Funeral Home ADDRESS Weston, Mo.
25. DATE RECD. BY LOCAL REG. Oct 28-56
26. REGISTRAR'S SIGNATURE Ophia Rollins

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

NOV 1956
RECEIVED
PLATTE COUNTY
HEALTH DEPT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. W. R. Vaugh

Licensed Embalmer No. K.O.

P. O. Address Weston,

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