

300  
1-56

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE. IF POSSIBLE.

FILED NOV 29 1956

STANDARD CERTIFICATE OF DEATH

38398

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 5570 Registrar's No. 511

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, give TOWNSHIP only) Inside Limits OR TOWN <b>Buckner-Lake City area</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Buckner Rt. 1</b> Inside Limits <b>Buckner-Lake City area</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>her home</b> Length of stay in lb		d. STREET ADDRESS (If outside, give location) <b>Lake City-unincorporated</b> Reside on Farm <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>Mary Noela Jones</b> First <b>Noela</b> Middle <b>Jones</b> Last			4. DATE OF DEATH <b>Nov. 19, 1956</b> Month <b>Nov.</b> Day <b>19</b> Year <b>1956</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 16, 1910</b>	9. AGE (In years last birthday) <b>46</b>	IF UNDER 1 YEAR <b>9</b> Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Teaching</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Teaching</b>		11. BIRTHPLACE (City and state or country) <b>Stover, Missouri</b>	
13. FATHER'S NAME <b>Edward Fry</b>			14. MOTHER'S MAIDEN NAME <b>Beulah Ziegel</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>487-16-6260</b>		17. INFORMANT <b>Walter Jones, Buckner, Missouri</b> Address	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial infarction - fatal</b> <b>Sclerosis (Mayo)</b> Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) <b>Not known</b> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>3 1/2 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from <b>7-8-1956</b> to <b>11-19-1956</b> and last saw her <b>alive</b> on <b>11-3, 1956</b> Death occurred at <b>4:00</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <b>Ed Allen M.D.</b>	22b. ADDRESS <b>Independence Mo</b>	22c. DATE SIGNED <b>11-20-56</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Nov. 21, 1956</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Buckner Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Buckner, Missouri</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Walter H. Reppert, Buckner, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>11-21-56</b>	26. REGISTRAR'S SIGNATURE <b>James Gray</b>
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(Licensed Embalmer's Statement on Reverse Side)

NOV 03 1947

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 *Ralph O Jones*  
Licensed Embalmer No. *460*  
P. O. Address *Edina,*

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.