MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-021590
STATE FILE NUMBER

AMENDED

Registration District No. 150 Primary Registration District No. 5573 Registrar's No. 54

FILED JUL 11 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Grain Valley, Rt. 1 (Sni a Bar Twp) — Length of stay in 1b: 45 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): her own home — Inside Limits: Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Grain Valley — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route 1 Sni-a-bar Twnshp — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First / Middle / Last — Mrs. Effie M. Necessary
4. DATE OF DEATH: Month / Day / Year — June 27, 1961
5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9/21/90
9. AGE (last birthday): 70 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: 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: Housewife
11. BIRTHPLACE (City and state or country): Chandler, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: William W. Squires
13b. MOTHER'S MAIDEN NAME: Emma Tiple
14. NAME OF HUSBAND OR WIFE: Omler Necessary
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. Ruth Henrikson, Address: Grain Valley, Missouri

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): Carcinoma R. Breast — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 June 6-61, to 6-27-61 and last saw her alive on 6-24-61
Death occurred at 3:30 Am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Merrill R. Bay M.D.
22b. ADDRESS: Blue Springs, Mo
22c. DATE SIGNED: 6-28-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 29, 1961
23c. NAME OF CEMETERY OR CREMATORY: Buckner, Cemetery
23d. LOCATION (City, town, or county) (State): Buckner, Missouri

24. FUNERAL DIRECTOR: Hazel H. Reppert — ADDRESS: Buckner, Mo.
25. DATE REC'D BY LOCAL REG.: 6-29-61
26. REGISTRAR'S SIGNATURE: N. B. Langsford

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Charles E. Mayfield

Signature of Student Embalmer

Licensed Embalmer No. 4638

P. O. Address Blue Springs

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.