

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8982

STATE FILE NUMBER

FILED APR 4 - 1957

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 132

1. PLACE OF DEATH a. COUNTY <u>Jackson 9005</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>								
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Independence</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Independence 7005</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>1504 W. Truman</u>			Length of stay in lb <u>5 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>1504 W. Truman</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First <u>Grace</u> Middle <u>E.</u> Last <u>Adams</u>				4. DATE OF DEATH Month <u>March</u> Day <u>26</u> Year <u>1957</u>								
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>July-21-1876</u>		9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		IF UNDER 24 MRS. Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>		11. BIRTH PLACE (City and state or country) <u>Albany New York</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>					
13. FATHER'S NAME <u>J. J. Constance</u>				14. MOTHER'S MAIDEN NAME <u>Sarah Scott</u>								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Belle Constance</u>		Address <u>Indep. Mo</u>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Complete Hemiblock</u>										INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>accelerative cardiovascular disease</u>										years <u>0</u>		
DUE TO (c) _____												
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 _____ 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, far m., factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE	
21. I attended the deceased from <u>900</u> <u>1915</u> to <u>3/26/57</u> and last saw her <u>alive</u> on <u>3/26/07</u> Death occurred at <u>900</u> <u>2</u> m on the date stated above; and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE (Degree or title) <u>Vance E. Luby M.D.</u>				22b. ADDRESS <u>10901 Winner Rd Independence, Mo</u>				22c. DATE SIGNED <u>3/28/57</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Mar-28-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Delano Cemetery</u>				23d. LOCATION (City, town, or county) (State) <u>Cameron Missouri</u>				
24. FUNERAL DIRECTOR <u>Brand R. Speaks Indep. Mo</u>				ADDRESS <u>Indep. Mo</u>		25. DATE RECD. BY LOCAL REG. <u>3-28-57</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>				

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

APR 2 1957

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..... Kenneth Patten

Licensed Embalmer No. 46

P. O. Address.....

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.