

FILED APR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8712

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 111					
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence							
d. FULL NAME OF HOSPITAL OR INSTITUTION 600 North Osage Street				d. STREET ADDRESS (If rural, give location) 600 North Osage Street							
3. NAME OF DECEASED (Type or Print) a. (First) Lillian b. (Middle) May c. (Last) Case				4. DATE OF DEATH (Month) (Day) (Year) March 28, 1949							
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 8, 1880					
9. AGE (In years last birthday) 68		10. MONTHS 5		11. DAYS 20		12. CITIZEN OF WHAT COUNTRY? U.S.A.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY _____							
11. BIRTHPLACE (State or foreign country) Columbus, Ohio				12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME Lewis Denig				13b. MOTHER'S MAIDEN NAME Alice Murry							
14. NAME OF HUSBAND OR WIFE _____				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. None				17. INFORMANT'S SIGNATURE OR NAME Mrs. Ora Beardsley, Indep., Mo. ADDRESS _____							
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Decompensation DUE TO (c) Endocarditis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6-8 hrs 30 yrs or more			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION 4214							
20. AUTOPSY? YES ☐ NO ☒				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) _____							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____				21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐							
21f. HOW DID INJURY OCCUR? _____				22. I hereby certify that I attended the deceased from 2/20/48 , to 3/28/49 , that I last saw the deceased alive on 3/28/49 , and that death occurred at 6:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M. R. Whitton, M.D.				23b. ADDRESS 325 West Lexington, Indep.							
23c. DATE SIGNED 3/29/49				24a. BURIAL, CREMATION, REMOVAL (Specify) Removal							
24b. DATE 3/30/49				24c. NAME OF CEMETERY OR CREMATORY Walnut Grove							
24d. LOCATION (City, town, or county) (State) Columbus, Ohio				25. FUNERAL DIRECTOR'S SIGNATURE Roland R. Speaks, Independence, Mo. ADDRESS _____							
DATE REC'D BY LOCAL REG. Mar. 29-1949				REGISTRAR'S SIGNATURE [Signature]							

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed Stanley M. Seaton

Signed _____
Student Embalmer

Licensed Embalmer No. 4504

P. O. Address Independence, Mo.

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 this body is not embalmed, fact should be so stated above.