

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41141

State File No.

FILED DEC 16 1950

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>471</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</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, write RURAL and give township) OR TOWN <u>INDEPENDENCE</u>			c. LENGTH OF STAY (in this place) <u>1 Day</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>INDEPENDENCE</u>			<u>0484</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Indep. Sanitarium</u>				d. STREET ADDRESS (If rural, give location) <u>309 So. Pleasant</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>		b. (Middle) <u>FREDERICK</u>		c. (Last) <u>RESCH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 6, 1950</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 12, 1871</u>		9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>24</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CABINET MAKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PLANING MILL</u>		11. BIRTHPLACE (State or foreign country) <u>JOHNSON COUNTY, IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HENRY RESCH</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH DEAN</u>		14. NAME OF HUSBAND OR WIFE <u>ELIZABETH RESCH</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>500-12-2576</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ELIZABETH RESCH INDEP., MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>					<u>4 1/2</u> / <u>1</u>
		ANTECEDENT CAUSES					
		DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>age</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Wentworth 15 miles on a very cold day</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>Dec 5, 1950</u> , to <u>Dec 6, 1950</u> , that I last saw the deceased alive on <u>Dec 6, 1950</u> , and that death occurred at <u>7:30p m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or Title) <u>John B. Green</u>				23b. ADDRESS <u>Wentworth 15 miles on a very cold day</u>		23c. DATE SIGNED <u>12/7/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC. 8, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MOUND GROVE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>JACKSON COUNTY, MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>Dec. 7-1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Roland R. Speaks, Independence, Mo.</u>			

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

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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

.....
working under my personal supervision.

Student Embalmer No.....

Signed

Stanley M. Sutton

Signed.....
Student Embalmer

Licensed Embalmer No. 4504

P. O. Address. Kansas City 3, Miss

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.