

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 499

048

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE JACKSON MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) INDEPENDENCE		c. CITY (If outside corporate limits, write RURAL and give township) INDEPENDENCE <u>0485</u>	
c. LENGTH OF STAY (In this place) 1 Day		d. STREET ADDRESS (If rural, give location) 220 NO. DODGION	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION INDEP. SANITARIUM & HOSP.			

3. NAME OF DECEASED (Type or Print)	a. (First) EVA	b. (Middle) BELLE	c. (Last) KING	4. DATE OF DEATH (Month) (Day) (Year)	DEC. 24, 1951
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JAN. 21, 1869	9. AGE (In years last birthday) 82	10. UNDER 1 YEAR Months 11 Days 3	11. UNDER 1 WEEK Hours 3 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	11. BIRTHPLACE (State or foreign country) SHEBOGAN, WISCONSIN	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE THOMAS KING
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. PEARL SHERMAN INDEP., MO.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc.: It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 7 yrs
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. Arteriosclerosis general		chronic	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 151X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept, 1920, to Dec 24, 1951, that I last saw the deceased alive on Dec 24, 1951, and that death occurred at 9 P m., from the causes and on the date stated above.

23a. SIGNATURE JG Hakerion M.D.	(Degree or title)	23b. ADDRESS Independence mo	23c. DATE SIGNED Dec 26-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12/27/51	24c. NAME OF CEMETERY OR CREMATORY MOUND GROVE CEMETERY	24d. LOCATION (City, town, or county) (State) INDEPENDENCE, MISSOURI
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DATE REC'D BY LOCAL REG. Dec 27-1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ROLAND R. SPEAKS INDEP., MISSOURI	ADDRESS
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.