

# STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 106

1. PLACE OF DEATH  
 a. COUNTY Jackson  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence  
 c. LENGTH OF STAY (in this place) 15 Days  
 d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before death.)  
 a. STATE Missouri b. COUNTY Lafayette  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mayview 0540  
 d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED  
 a. (First) Alice b. (Middle) Ann c. (Last) Holden  
 4. DATE OF DEATH (Month) (Day) (Year) March 13, 1953

5. SEX Fe 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Widow  
 8. DATE OF BIRTH Sept. 29, 1872 9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home  
 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_  
 11. BIRTHPLACE (State or foreign country) Missouri 12. CITIZEN OF WHAT COUNTRY? \_\_\_\_\_

13a. FATHER'S NAME Benj. F. Bennett 13b. MOTHER'S MAIDEN NAME Margaret Flemming 14. NAME OF HUSBAND OR WIFE None

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. Cleo Osborn, Bates City, 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) Cerebral Thrombosis INTERVAL BETWEEN ONSET AND DEATH 18 days

ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) Arteriosclerosis 1 year  
 DUE TO (c) Senescence

II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 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) 332X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 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 Jan 7, 1953, to March 13, 1953, that I last saw the deceased alive on March 13, 1953 and that death occurred at 2 P.M., from the causes and on the date stated above.

23a. SIGNATURE C. H. Allen M.D. (Degree or title) 23b. ADDRESS Independence, Mo. 23c. DATE SIGNED March 13, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE Mar. 14, 1953 24c. NAME OF CEMETERY OR CREMATORY Odessa Cemetery 24d. LOCATION (City, town, or county) (State) Odessa, Mo.

DATE REC'D BY LOCAL REG. 3-14-53 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Husman Sparks Odessa, Mo.

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

7005

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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.....

*James L. Herman*

Signed.....  
Student Embalmer

Licensed Embalmer No. *7571*

P. O. Address *Ocean View*

**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.