

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37133**
453

FILED NOV 30 1955

BIRTH NO.		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 453					
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 town(ship)) Independence		c. LENGTH OF STAY (in this place) 6 Days		c. CITY OR TOWN 605 E. Kansas		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Independence Sanitarium				• STREET ADDRESS (If rural, give location) 605 E. Kansas							
3. NAME OF DECEASED (Type or Print) Bessie			a. (First)		b. (Middle) L.		c. (Last) Valentine				
4. DATE OF DEATH Nov. 19, 1955		(Month)		(Day)		(Year)					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH June 22, 1885					
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Self Employed			11. BIRTHPLACE (City and State or Foreign Country) Pittsville, Mo.					
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Vance McMan		13b. MOTHER'S MAIDEN NAME Sarah Hunter		14. NAME OF HUSBAND OR WIFE Guy Valentine Sr. (Deceased)				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Nine		17. INFORMANT'S SIGNATURE OR NAME Mrs. Martha Walden				ADDRESS Independence, Mo.			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular changes with de rest in del herin Alleg. Pertension ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Cachectia - Swallow Chlor - Hemorrhage bed sores				INTERVAL BETWEEN ONSET AND DEATH 1 year 2 years 6 mo			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from Nov 30, 1954 , to 11-19, 1955 , that I last saw the deceased alive on 11-19, 1955 , and that death occurred at 5:15 m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Challen M. D. Independence Mo				23b. ADDRESS		23c. DATE SIGNED 11-21-55					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 22, 1955		24c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cem.		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.					
DATE REC'D BY LOCAL REG. 11-22-55		REGISTRAR'S SIGNATURE James J. [Signature]		354		25. FUNERAL DIRECTOR'S SIGNATURE W. C. [Signature]		ADDRESS Independence Mo			

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..

Student.....
Signature of Student Embalmer

Signed.....
J. D. Gibson

Licensed Embalmer No. 481

P. O. Address *Indep., 7*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.