

FILED AUG 29 1956

THE HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27263

STATE FILE NUMBER

52117-56 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 363

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, give TOWNSHIP only) Independence		c. CITY OR TOWN Independence	
c. FULL NAME OF (If NOT in hospital, give location) Sanitarium		d. STREET ADDRESS 316 E. Sea	
Length of stay in 1b 2 days		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Alice Ruth Anne O'Connell			4. DATE OF DEATH Aug. 14, 1956		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 12, 1956		9. AGE (In years last birthday) 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Independence, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Emmett E. O'Connell			14. MOTHER'S MAIDEN NAME Virginda Tignor		
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. none	17. INFORMANT Emmett E. O'Connell, Independence, Mo.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congenital anomaly, left diaphragmatic defect with all intestines in left pleural cavity DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		7562

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from 8-14 to 8-14-56 and last saw her alive on 8-14-56 Death occurred at 10:35A m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE S. H. Anderson (Degree or title)	22b. ADDRESS Indep. Mo	22c. DATE SIGNED 8-16-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/16/56	23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	23d. LOCATION (City, town, or county) (State) Independence, Mo.
24. FUNERAL DIRECTOR W. C. Carson Independence, Mo.		25. DATE RECD. BY LOCAL REG. 8-16-56	26. REGISTRAR'S SIGNATURE [Signature]

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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.....
Signature of Student Embalmer

Signed..... *H. Gibson*

Licensed Embalmer No. *487*

P. O. Address *Indep, W.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.