

FILED SEP 20 1956

STANDARD CERTIFICATE OF DEATH

31057

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 399

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 OR TOWN <u>Independence</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Independence</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rest Haven</u>			Length of stay in 1b <u>56 years</u>			d. STREET ADDRESS <u>1504 W. Truman</u>	
3. NAME OF DECEASED (Type or print) First <u>Margaret</u> Middle <u></u> Last <u>Roell</u>				4. DATE OF DEATH Month <u>Sept.</u> Day <u>7</u> Year <u>1956</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>June-16-1861</u>	
9a. USUAL OCCUPATION <u>Nurse wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>		11. BIRTHPLACE <u>Southwell - Wales</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.O.</u>	
13. FATHER'S NAME <u>Aubrey Griffith</u>				14. MOTHER'S MAIDEN NAME <u>Margaret</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? <u>No</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Rest Haven Home</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Senility</u>						INTERVAL BETWEEN ONSET AND DEATH <u>year</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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) <u>Negatomegaly cause unknown</u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>700</u> <u>1951</u> to <u>9/7/56</u> and last saw <u>her</u> alive on <u>7/6/56</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Vance E. Lusk, M.D.</u> (Degree or title)				22b. ADDRESS <u>10901 Winner Rd Independence, Mo</u>		22c. DATE SIGNED <u>9/8/56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Sept. 8 - 56</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove</u>		23d. LOCATION (City, town, or county) (State) <u>Independence Mo</u>	
24. FUNERAL DIRECTOR <u>Robert R. Deeks - Indep. Mo</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>9-8-56</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

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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 *Roland R. Jenkins*  
.....

Licensed Embalmer No. *36*

P. O. Address *Indip*

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.