

FILED NOV 15 1956

STANDARD CERTIFICATE OF DEATH

34384

STATE FILE NUMBER

7A 991-56

Registration District No.

146

Primary Registration District No.

3026

Registrar's No.

468

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) OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Buckner
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Independence Hospital		Length of stay in 1b	d. STREET ADDRESS Hwy. No. 24
3. NAME OF DECEASED (Type or print) Babt Pence, No. 2		First Babt Middle Pence Last No. 2	4. DATE OF DEATH Month Oct. Day 20 Year 1956
5. SEX male	6. COLOR OR RACE white	7. MARRIED- <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 19, 1956
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		100. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) Months 24 Days 24 Hours 24 Min.
13. FATHER'S NAME Reuben Baxter Pence		11. BIRTHPLACE (City and state or country) Independence Hospital	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) XXX		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. XXXX		14. MOTHER'S MAIDEN NAME Ruby Jane Garnett	
17. INFORMANT Reuben Baxter Pence		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Premature birth			INTERVAL BETWEEN ONSET AND DEATH 28 hrs
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)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 776X
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ 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 Oct 19 to Oct 20 and last saw her/him alive on Oct 20, 1956 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Blair M.D. (Degree or title)		22b. ADDRESS Independence Mo	22c. DATE SIGNED 10/23/56
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Oct. 22, 1956	23c. NAME OF CEMETERY OR CREMATORY Buckner Cemetery, Buckner, Missouri	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR Harold H. Appert ADDRESS Buckner, Mo. 10-22-56		25. DATE RECD. BY LOCAL REG. 10-22-56	26. REGISTRAR'S SIGNATURE [Signature]

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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(Licensed Embalmer's Statement on Reverse Side)

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.....

Ralph O Jones

Licensed Embalmer No. *46*

P. O. Address *Albany*

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.