

Health,
Welfare
Public
Service

300
1-56

...diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. All other symptoms will be listed. All

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38351

FILED NOV 21 1956

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 495

| | | | |
|---|--|---|--|
| 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 (If outside corporate limits, give TOWNSHIP only) <u>Independence</u> Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Independence</u> Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Indep Hospital D.O.A.</u> Length of stay in lb | | d. STREET ADDRESS <u>1612 Kier</u> (If outside, give location) Reside on Farm <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

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|---|-------------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or print) First <u>Eliza</u> Middle <u>C.</u> Last <u>Wartman</u> | | | 4. DATE OF DEATH Month <u>Nov</u> Day <u>5</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 type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Aug. 12 - 56</u> | 9. AGE (In years last birthday) <u>68</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> IF UNDER 24 HRS. Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u> | | 11. BIRTH PLACE (City and state or country) <u>St. Louis, Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13. FATHER'S NAME <u>Judy Dalton</u> | | 14. MOTHER'S MARDEN NAME <u>Murtha Ann Sherman</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT <u>Leonard C. Hartman</u> Address <u>Indep</u> | |

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| 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>Ventricular fibrillation</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u> years. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Hypertensive cardiovascular disease</u> | |
| | 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 checked="" type="checkbox"/> |

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| 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.) |
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| 20c. TIME OF INJURY: Hour <u>4:30</u> Month <u>11</u> Day <u>15</u> Year <u>1956</u> a. m. <u>4</u> p. m. <u>30</u> |
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|--|---|---|
| 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 <u>Independence, Mo</u> COUNTY <u>Mo</u> STATE <u>Mo</u> |
|--|---|---|

21: I attended the deceased from 7/15/55 to state and last saw her alive on 11/5/56
Death occurred at 12:00 noon on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) <u>Vance E. Lusk, M.D.</u> | 22b. ADDRESS <u>10901 Winner Rd Independence, Mo</u> | 22c. DATE SIGNED <u>11/6/56</u> |
|---|--|---------------------------------|

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|---|---------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Nov-7-56</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Mourning Grove - Independence, Mo</u> | 23d. LOCATION (City, town, or county) (State) <u>Independence, Mo</u> |
|---|---------------------------|---|---|

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| 24. FUNERAL DIRECTOR <u>Roland R. Speake</u> ADDRESS <u>11. 8 - 56</u> | 25. DATE RECD. BY LOCAL REG. <u>11. 8 - 56</u> | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *R. J. ...*

Licensed Embalmer No. *46*

P. O. Address *Indy, Ind.*

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.