

FILED NOV 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38368**

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **524**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 township) OR TOWN Independence		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Kansas City 22
d. FULL NAME OF HOSPITAL OR INSTITUTION Indep. San & Hosp.		e. STREET ADDRESS (If rural, give location) 119 N. Hawthorne	
3. NAME OF DECEASED (Type or Print) a. (First) Janice b. (Middle) Joy c. (Last) Place		4. DATE OF DEATH (Month) (Day) (Year) Nov. 24, 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 30, 1939
9. AGE (In years last birthday) 17		IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY Student	11. BIRTHPLACE (City and State or Foreign Country) Independence, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Cuvella Place	
13b. MOTHER'S MAIDEN NAME Mary M. Phelps		14. NAME OF HUSBAND OR WIFE Never Married	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. 500-38-0029	
17. INFORMANT'S SIGNATURE OR NAME Dr. Mary M. Place		ADDRESS Kansas City 22, 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, athenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Cause of Death unknown	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Fracture of leg & Contusion Chest	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Post Op. Unk	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		8164 26	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, shop, factory, street, office bldg., etc.) Independence Jackson Mo	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-24-56	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car Collision	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:30 Am. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Neighborhood Nurses Center		23b. ADDRESS 1034 North Blvd	23c. DATE SIGNED 11-24-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 26, 1956	24c. NAME OF CEMETERY OR CREMATORY Mt. Washington	24d. LOCATION (City, town, or county) (State) Jackson Mo.
DATE REC'D BY LOCAL REG. 11-25-56		REGISTRAR'S SIGNATURE James S. Gray	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. C. Carson & Sons Independence Mo.

NOV 28 RECD

JAN 7 1958

NOV 28 1957

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 Tom D. Marklan

Licensed Embalmer No. 459

P. O. Address Indep

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.