

FILED NOV 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38407

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 510

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 Blue		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Independence		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence			Length of stay in lb 73 yrs		d. STREET ADDRESS RR 2		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Sarah Jane Pem				First Sarah Middle Jane Last Pem		4. DATE OF DEATH Nov. 19, 1956		Month Nov. Day 19 Year 1956	
5. SEX Female	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 Nov 8, 1869		9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY Self Employed		11. BIRTHPLACE (City and state or country) Andrew Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Joseph Pem				14. MOTHER'S MAIDEN NAME Charlotte Harland					
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 Martha Ellen Pem, Independence Missouri					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis - 4 days ruptured hemiplegia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio Sclerosis - a Renescence DUE TO (c) _____								INTERVAL BETWEEN ONSET AND DEATH 332x	
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"/>						
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 11:05A Month, Day, Year									
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 6-13-56 to 11-19-56 and last saw her/him alive on Nov. 17-56 . Death occurred at 11:05A m on the date stated above; and to the best of my knowledge from the causes stated.									
22a. SIGNATURE Geo. C. Carson (Degree or title)				22b. ADDRESS Independence Mo			22c. DATE SIGNED 11/20/56		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/21/56	23c. NAME OF CEMETERY OR CREMATORY Six Mile Cem.			23d. LOCATION (City, town, or county) Jackson		STATE Mo.	
24. FUNERAL DIRECTOR Geo. C. Carson, Independence, Missouri				25. DATE RECD. BY LOCAL REG. 11-21-56		26. REGISTRAR'S SIGNATURE James Craig			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by John A. Johnson....., Student Embalmer No. 54

working under my personal supervision...

Student John A. Johnson.....
Signature of Student Embalmer

Signed W. C. Lewis.....

Licensed Embalmer No.....

P. O. Address.....

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.