

FILED DEC 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41541

STATE FILE NUMBER
5322

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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 Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lakeside Hospital			Length of stay in hospital 53yrs		d. STREET ADDRESS (If outside, give location) 4321 Jackson		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>								
3. NAME OF DECEASED (Type or print) Torie Levina Jackson <i>First Middle Last</i>				4. DATE OF DEATH Dec. 7, 1956 <i>Month Day Year</i>											
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 5, 1883		9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.								
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Charles Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.									
13. FATHER'S NAME John Small				14. MOTHER'S MAIDEN NAME No Record											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Orville J. Jackson 4321 Jackson K.C. Mo.											
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 hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) arterial sclerosis DUE TO (c) multiple arteritis							INTERVAL BETWEEN ONSET AND DEATH 3 days ? ?								
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 checked="" 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. --- Month, Day, Year ---			20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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 Dec. 4, 56 to Dec 7-56 and last saw her alive on Dec. 7, 1956 Death occurred at --- on the date stated above; and to the best of my knowledge, from the causes stated.								22a. SIGNATURE V. W. Harner (Degree or title) V. W. Harner M.D.		22b. ADDRESS 404 Withman Alley		22c. DATE SIGNED 12-7-56			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Dec. 8, 1956.	23c. NAME OF CEMETERY OR CREMATORY Murray Iowa		23d. LOCATION (City, town, or county) Murray Iowa		(State)								
24. FUNERAL DIRECTOR ADDRESS Mrs. C. L. Forster Funeral Home Kansas City Mo. 12-8-56				25. DATE RECD. BY LOCAL REG. Reva Mitchell		26. REGISTRAR'S SIGNATURE									

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
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.