

Health,  
& Welfare  
Public  
Service

S. 300  
v. 1-56

Securing the medical certification in the specific manner required by 193.140 MoRS 1987.  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

113532

STATE FILE NUMBER

FILED MAY 15 1957

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 192

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Independence</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Independence</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Sanitarium &amp; Hosp.</b>		Length of stay in lb <b>50yrs.</b>	d. STREET ADDRESS <b>302 N. Spring</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>MRS. KATIE</b>			First <b>BELL</b>	Middle <b>HOOD</b>	Last
4. DATE OF DEATH <b>May 1, 1957</b>			Month <b>May</b>	Day <b>1</b>	Year <b>1957</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>January 23, 1882</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>0</b> Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Lafayette County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>John Brock</b>			14. MOTHER'S MAIDEN NAME <b>Alice Benton</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mrs. Bertha Day, Odessa, Mo.</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebrovascular accident (stroke, multiple)</b>					INTERVAL BETWEEN ONSET AND DEATH <b>4 hrs</b>
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 checked="" type="checkbox"/> <b>2</b>
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. a. m. <b>Hour</b> Month, Day, Year <b>p. m.</b>					
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 <b>August 15, 1950 (May), 1957</b> and last saw her alive on <b>May 1, 1957</b> Death occurred <b>about 7 A. M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>W. H. Hickerson</b> (Degree or title) <b>MD</b>			22b. ADDRESS <b>624 W. Maple Independence, Mo.</b>		22c. DATE SIGNED <b>5/1/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>May 3, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Machpelah Cem</b>	23d. LOCATION (City, town, or county) (State) <b>Lexington, Missouri</b>		
24. FUNERAL DIRECTOR <b>Ott &amp; Mitchell, Independence, Mo.</b>		ADDRESS	25. DATE RECD. BY LOCAL REG. <b>5-3-57</b>	26. REGISTRAR'S SIGNATURE <b>James [Signature]</b>	

RECEIVED

MAY 14 1957

NOV 1956

NOV 1956

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 *Henry J. Mitchell* Licensed Embalmer No. 39

P. O. Address *Andy*

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.