

FILED JUN 7 1957

STANDARD CERTIFICATE OF DEATH

011764
3126 Registrar's No. 232

Registration District No. 146 Primary Registration District No. 3126 Registrar's No. 232

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 (If outside corporate limits, give TOWNSHIP only) <u>Independence</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Independence</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF HOSPITAL in hospital, give location) <u>Indep. Hospital D.O.A.</u>			Length of stay in lb <u>6 mos.</u>	d. STREET ADDRESS (If outside, give location) <u>626 North Riger</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Lydia</u> Middle <u>G.</u> Last <u>Denison</u>				4. DATE OF DEATH Month <u>May</u> Day <u>29</u> Year <u>1957</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>May-5-1897</u>		9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </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. BIRTHPLACE (City and state or country) <u>Gardner Co - Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Thomas Hecker</u>			13b. MOTHER'S MAIDEN NAME <u>Alice H. Journey</u>			14. NAME OF HUSBAND OR WIFE <u>Ralph Denison</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Y, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none found</u>		17. INFORMANT <u>Ralph Denison</u> Address <u>Indep. Mo</u>				
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>Arteriosclerosis heart disease</u>							INTERVAL BETWEEN ONSET AND DEATH	
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) <u>Autopsy & Inspection 4200</u>							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 _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <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 _____, to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Ralph A. Renew</u>				22b. ADDRESS <u>1034 Rialto Bldg</u>		22c. DATE SIGNED <u>6-1-57</u>		
23a. BURIAL (CREMATION, REMOVAL) (Specify) <u>Removal</u>		23b. DATE <u>June 3 - '57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rose Lawn</u>		23d. LOCATION (City, town, or county) (State) <u>Madison Wisc</u>			
24. FUNERAL DIRECTOR <u>Ronald R. Speaks</u> Address <u>Indep. Mo</u>			25. DATE RECD. BY LOCAL REG. <u>6-3-57</u>		26. REGISTRAR'S SIGNATURE <u>James Casey</u>			

(Licensed Embalmer's Statement on Reverse Side)

3540

FEB 5 1958

JUN 4 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 *Roland H. Speaks*
Licensed Embalmer No. *9604*
P. O. Address *Ind. Dep. Mo*

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.