

Health, & Welfare  
S. Public  
th Service

FILED JUN 13 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 017470  
STATE FILE NUMBER  
3026  
Registrar's No. 236

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 236

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Independence</b>		c. CITY OR TOWN <b>Oak Grove</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Crestview Rest Home</b>		d. STREET ADDRESS (If outside, give location) -----	
3. NAME OF DECEASED (Type or print) First <b>ALICE</b> Middle <b>TODD</b> Last <b>HINDE</b>		4. DATE OF DEATH Month <b>June</b> Day <b>1</b> Year <b>1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 24, 1861</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self-Employed</b>	11. BIRTHPLACE (City and state or country) <b>Jackson Co., Missouri</b>
13a. FATHER'S NAME <b>Nelson Faulconer</b>		13b. MOTHER'S MAIDEN NAME <b>Mary DeHoney</b>	14. NAME OF HUSBAND OR WIFE <b>Ben Hinde</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>Ruby Hälett, 2734 Forrest, Independence, 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>Acute pulmonary edema.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>arterioscleratic cardiovascular disease</b>			<b>years</b>
DUE TO (c) <b>Senescence</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but, not related to the terminal disease condition given in PART I (a) <b>Senescence</b>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____	
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>5/28/57</b> to <b>6/1/57</b> and last saw her alive on <b>5/31/57</b> Death occurred at <b>12:10 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Vance E Link M.D.</b>		22b. ADDRESS <b>10901 Linnier Rd Independence, Mo</b>	
22c. DATE SIGNED <b>6/3/57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>June 3, 1957</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Brooking Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Raytown, Missouri</b>	
24. FUNERAL DIRECTOR ADDRESS <b>George C. Carson, Independence, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6-3-57</b>	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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.

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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 Richard R. Francis .....

Licensed Embalmer No. 4533 .....

P. O. Address Indy 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.