

Health,
& Welfare
Public
Service

S. 300
v. 1-56

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

36318

STATE FILE NUMBER

FILED NOV 7 1957

Registration District No.

146

Primary Registration District No.

5368

Registrar's No.

449

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) Independence			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Rural		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Apines Retirement Home			Length of stay 4 m 10	d. STREET ADDRESS M7 Hwy E. of Indep.			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MRS. IDA Middle MAY Last LENOX				4. DATE OF DEATH Month Oct. Day 26 Year 1957			
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 May 12, 1870	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Jackson Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Geo. Hudspeth				14. MOTHER'S MAIDEN NAME Betty Jesse			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Blanche Frey		Address M7 Hwy	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary congestion						INTERVAL BETWEEN ONSET AND DEATH 48 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) Left cerebral thrombosis with coma 48 hrs	
						DUE TO (c) arterio-sclerotic Heart disease 6 yrs	
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"/> 2	
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 _____ 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 June 17 57 to Oct 25, 1957 and last saw her ^{her} alive on Oct 25, 1957 Death occurred at 1:30 pm on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) E. H. Reich MD				22b. ADDRESS 10901 Winner Bld. Indep.		22c. DATE SIGNED 10/28/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 28, 1957	23c. NAME OF CEMETERY OR CREMATORY Salem		23d. LOCATION (City, town, or county) (State) E. Indep on 24 Hwy		
24. FUNERAL DIRECTOR OTT & MITCHELL			ADDRESS INDEP. MO.		25. DATE RECD. BY LOCAL REG. 10-28-57		26. REGISTRAR'S SIGNATURE James S. [Signature]

(Licensed Embalmer's Statement on Reverse Side)

54.

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. 315

P. O. Address Independence, 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.