

FILED DEC 2 - 1957

STANDARD CERTIFICATE OF DEATH

40855

STATE FILE NUMBER

6831

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5260

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE, (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas Cty</i>		c. CITY OR TOWN <i>Independence, Mo</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Orthopedic Hosp</i>		d. STREET ADDRESS <i>201 E. Kansas</i>	
3. NAME OF DECEASED (Type or print) First <i>Nancy Pearl</i> Middle <i>Caswell</i> Last <i>Caswell</i>		4. DATE OF DEATH Month <i>Nov.</i> Day <i>7</i> Year <i>1957</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>June 8, 1957</i>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <i>Child</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Kansas Cty, Mo</i>
13a. FATHER'S NAME <i>William K. Caswell</i>		13b. MOTHER'S MAIDEN NAME <i>Nellie Williams</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>Wm K. Caswell</i> Address <i>Indep. Mo</i>
18. CAUSE OF DEATH (Enter only one cause or line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bronchial pneumonia</i> DUE TO (b) <i>Influenza</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i> <i>1 week</i> <i>480 x</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE - 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.		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>11/7/57</i> to <i>11/7/57</i> and last saw her alive on <i>11/7/57</i> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
22a. SIGNATURE <i>Earle G. Perry</i> (Degree or title) <i>2</i>		22b. ADDRESS <i>301 W. Kansas</i>	
22c. DATE SIGNED <i>11/7/57</i>		23a. NAME OF CEMETERY OR CREMATORY <i>Woodlawn Cem</i>	
23b. DATE <i>11-9-57</i>		23c. LOCATION (City, town, or county) (State) <i>Independence, Mo</i>	
24. FUNERAL DIRECTOR <i>Vivian L. Realy</i> ADDRESS <i>Indep Mo</i>		25. DATE RECD. BY LOCAL REG. <i>11-9-57</i>	
		26. REGISTRAR'S SIGNATURE <i>Neva Marshall</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.

Earle G. Perry



DEC 18 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 *Wilton L. Kealey* .....

Licensed Embalmer No. *4225* .....

P. O. Address *Bridgeport, 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.