

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006009
STATE FILE NUMBER

FILED MAR 7 - 1958

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 105

health, Welfare Public Service
000-1-56
ATTORNEY GENERAL
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with no natural causes. Coroner cannot certify to a death due to natural causes.

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) TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Independence		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Indep., Sanitarium		Length of stay in lb 50 yrs.	d. STREET ADDRESS 106 S. Preal St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Susie Pettigrew			4. DATE OF DEATH Month Day Year Feb. 24 - 58		
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 6, 1887	9. AGE (In years law birthday) 70 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Pilot Grove, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Smith Johnson			14. MOTHER'S MAIDEN NAME Mary Jane Martin		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 490-9- 2151	17. INFORMANT Address George Johnson 227 El Lexington, Indep., Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Surgery for local edema, Sept 1887</i> DUE TO (b) <i>Trauma due to fall 2-3-58</i> DUE TO (c) <i>9030 20</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). <i>Hypertensive cardiovascular disease with cardiac hypertrophy</i>					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" 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, item 18.) <i>Patient tripped and fell at home</i>			
20c. TIME OF INJURY Hour Month, Day, Year a. m. 2 3 58 p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <i>Independence, Indep., Mo.</i>		COUNTY	STATE
21. I attended the deceased from <i>2-24-58</i> to <i>2-24-58</i> and last saw ^{her} him alive on <i>2-24-58</i> . Death occurred at <i>3:55 p m</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Richard True M.D.</i>			22b. ADDRESS <i>10901 Winner Rd, Independence, Missouri</i>		22c. DATE SIGNED <i>2-28-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>3-1-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Woodlawn Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Independence, Missouri</i>
24. FUNERAL DIRECTOR <i>W. E. Davis, K. C. Mo.</i>		ADDRESS	25. DATE RECD. BY LOCAL REG. <i>3-1-58</i>	26. REGISTRAR'S SIGNATURE <i>James Grace</i>	

(Licensed Embalmer's Statement on Reverse Side)

JUL 6 1958

REC'D
APR 4 1958

APR 4 1958

MAR 5 1958

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 *Landis H. Jackson*

Licensed Embalmer No. *100*

P. O. Address *K.C.M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.