

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018645

STATE FILE NUMBER

FILED MAY 23 1958 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 220

300
1-57

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) OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 7005
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1519 Maywood Ave		Length of stay in 1b ALL Life	d. STREET ADDRESS (If outside, give location) 1519 Maywood Ave		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Daniel Middle E. Last Hymes			4. DATE OF DEATH Month May Day 16 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug 26, 1889	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY K. C. Public Ser.		11. BIRTHPLACE (City and state or country) Independence, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Daniel Lincoln Hymes		13b. MOTHER'S MAIDEN NAME Thursa Makoza	
14. NAME OF HUSBAND OR WIFE Louise Hymes		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no None		16. SOCIAL SECURITY NO. 490-09-0116	
17. INFORMANT Mrs. Louise Hymes Independence, 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) Acute Coronary Occlusion DUE TO (b) Coronary Sclerosis DUE TO (c) 4201		INTERVAL BETWEEN ONSET AND DEATH 3 years	
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 0 Month 0 Day 0 Year 0 a.m. 0 p.m. 0		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 4201		COUNTY Independence STATE Mo.	
21. I attended the deceased from 5-2-57 to 9-6-57 and last saw him alive on 9-6-57 Death occurred at Independence, Mo. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Fred Link M.D.		22b. ADDRESS 10229 Independence		22c. DATE SIGNED 5-16-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 19, 1958		23c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	
23d. LOCATION (City, town, or county) Raytown, Missouri		23e. (State) Missouri		24. FUNERAL DIRECTOR Geo. C. Carson & Son's Indep, Mo.	
25. DATE RECD. BY LOCAL REG. May 18-58		26. REGISTRAR'S SIGNATURE James Craig			

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

MEDICAL CERTIFICATION

MAY 20 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 *A. Kenneth Peters*

Licensed Embalmer No. *4697*
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.