

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033129

STATE FILE NUMBER

FILED SEP 30 1958

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 398

300
1-57

14

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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		c. CITY OR TOWN INDEPENDENCE 7005	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION REST HAVEN		d. STREET ADDRESS (If outside, give location) 1500 TRUMAN ROAD	
3. NAME OF DECEASED (Type or print) First MIDDLE Last SUSAN GIVENS		4. DATE OF DEATH Month Day Year SEPT 21 1958	
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 23, 1874
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years birthday) UNDER 1 YEAR IF UNDER 24 HRS. 84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown		10b. KIND OF BUSINESS OR INDUSTRY	10c. AGE (In years birthday) UNDER 1 YEAR IF UNDER 24 HRS. 84
11. BIRTHPLACE (City and state or country) MONROE Co, Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Wm GIVENS		13b. MOTHER'S MAIDEN NAME MARTHA JANE Umburs	
14. NAME OF HUSBAND OR WIFE		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. 235-50-9788A		17. INFORMANT Address Rest Haven Rest Home.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis & myocardial infarction			INTERVAL BETWEEN ONSET AND DEATH 15 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) coronary atherosclerosis			4201
DUE TO (c)			
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"/>
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 12-3-54 to 9/21/58 and last saw her alive on 9/10/58		Death occurred at 6:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Vance E. Lusk, M.D. (Degree or title)		22b. ADDRESS 10901 Winner Rd Independence, Mo	
22c. DATE SIGNED 9/22/58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 9-24-58		23c. NAME OF CEMETERY OR CREMATORY Mount Grove	
23d. LOCATION (City, town, or county) Independence MO		23e. LOCATION (State)	
24. FUNERAL DIRECTOR Address Roland O. Speake Indip Mo		25. DATE RECD. BY LOCAL REG. 9-24-58	
26. REGISTRAR'S SIGNATURE Vance Craig			

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 *Roland R. Jenkins*

Licensed Embalmer No. *5604*
P. O. Address *.....*

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.