

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033142  
STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 471

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Independence</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Independence</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Christy Rest Home</u>		Length of stay in lb <u>40 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>1220 West Linden</u> Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Lewis</u> Middle <u>S.</u> Last <u>Maloney</u>			4. DATE OF DEATH Month <u>Oct</u> Day <u>1</u> Year <u>1958</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov-20-1870</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>He said worked as a stevedore but retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Jowa</u>	11. BIRTHPLACE (City and state or country) <u>Iowa</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. FATHER'S NAME <u>unknown</u>	
13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT <u>Mrs Annachiles</u> Address <u>Indep. Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Insufficiency</u> DUE TO (b) <u>Right Bundle Branch in L. ventricle</u> DUE TO (c) <u>Dehydration Urinary retention</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertensive arterio-sclerotic renal disease</u>			INTERVAL BETWEEN ONSET AND DEATH: <u>about 3 hrs</u> <u>several months</u> <u>off and on for 4 mo</u>
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.) <u>2</u>	
20c. TIME OF INJURY Hour _____ .Month, Day, Year _____ a.m. _____ p.m. _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>June 15, 1958</u> to <u>Oct 1, 1958</u> and last saw him alive on <u>Oct 1, 1958</u> Death occurred at <u>5:00 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Ethel Watson m 20</u> (Degree or title)		22b. ADDRESS <u>129 W. Lexington</u> <u>Independence, Mo</u>	
22c. DATE SIGNED <u>10-3-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct 3-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>	23d. LOCATION (City, town, or county) (State) <u>Independence, Mo</u>
24. FUNERAL DIRECTOR <u>Roland P. Speaks</u> Address <u>Indep. Mo</u>		25. DATE REC'D. BY LOCAL REG. <u>10-2-58</u>	26. REGISTRAR'S SIGNATURE <u>James Tracy</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Gene G. Miller .....

Licensed Embalmer No. 4783 .....

P. O. Address Delphi, Ind. .....

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.