

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036721
STATE FILE NUMBER

FILED OCT 21 1958 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 433

300
-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		c. CITY OR TOWN INDEPENDENCE ¹⁰⁰⁵⁰	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION INDEP. SANITARIUM		d. STREET ADDRESS (If outside, give location) 1503 ASH	
Length of stay in lb 50 YRS.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First HOMER Middle J. Last LINES			4. DATE OF DEATH Month Oct. Day 10 Year 1958		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 30, -1884	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months - Days - Hours - Min. -	IF UNDER 24 MRS. Months - Days - Hours - Min. -
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCKDRIVER	10b. KIND OF BUSINESS OR INDUSTRY HUDSON OIL Co.	11. BIRTHPLACE (City and state or country) WORTH COUNTY, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOHN B. LINES	13b. MOTHER'S MAIDEN NAME MARY E. SIMMONS	14. NAME OF HUSBAND OR WIFE ICA M. LINES
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input checked="" type="checkbox"/> no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 486-10-5924	17. INFORMANT MRS. LURINE WALTERS	Address INDEP. Mo. 1503 ASH
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Marasmus & Emaciation		INTERVAL BETWEEN ONSET AND DEATH 3 mo	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Metastatic Ca of Prostate		6 to 8 hrs
	DUE TO (c) 177X		

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"/>
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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.)
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20c. TIME OF INJURY Hour - a.m. - p.m. -	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION INDEPENDENCE, MO	COUNTY INDEPENDENCE	STATE MO
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21. I attended the deceased from **Aug 22 '58** to **Oct 10, 1958** and last saw ^{her} him alive on **Oct 10, 1958**
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Chas E. Nicolson, MD	22b. ADDRESS Independence, Mo	22c. DATE SIGNED 10-11-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE OCT. 13, 1958	23c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON	23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI
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24. FUNERAL DIRECTOR C. H. Blackmon, Inc. R.R. No.	ADDRESS	25. DATE RECD. BY LOCAL REG. 10-13-58	26. REGISTRAR'S SIGNATURE JAMES STRAY
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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 *W.C. Rinne*

Licensed Embalmer No. *4879*

P. O. Address *K.C. 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.