

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040330
STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 504

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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 OR TOWN <u>Independence</u> (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Independence</u> (If outside, give location) Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1100 Savage</u> Length of stay in lb <u>50 yrs</u>		d. STREET ADDRESS <u>1100 Savage</u> (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Margaret</u> Last <u>Russell</u>			4. DATE OF DEATH <u>Dec-2-1958</u> Month <u>Dec</u> Day <u>2</u> Year <u>1958</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>Nov-28-1875</u>		9. AGE (In years less by (day)) <u>83</u>		10. IF UNDER 1 YEAR Months Days Hours Min.		11. IF UNDER 24 HRS.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Council Bluffs Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>usa</u>					
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13a. FATHER'S NAME <u>Theodore Pouley</u>		13b. MOTHER'S MAIDEN NAME <u>anna</u>		14. NAME OF HUSBAND OR WIFE					
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Rose Anna Hildew</u> Address <u>1108 Savage</u>					
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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) <u>Arteriosclerotic heart disease</u>								INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____		DUE TO (c) _____		4200					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>History of Diabetes</u>								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2			

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 _____ :Month, Day, Year _____ a.m. _____ p.m.		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 COUNTY STATE	
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>5:00 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.											
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22a. SIGNATURE (Degree or title) <u>Hugh A. Owens Carrier</u>				22b. ADDRESS <u>1034 Bialto Bldg</u>				22c. DATE SIGNED <u>12-4-58</u>			
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23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)					
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24. FUNERAL DIRECTOR <u>Poland P. Speaks</u> ADDRESS <u>Indep. No. 12-5-58</u>		25. DATE RECD. BY LOCAL REG. <u>12-5-58</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>					
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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 *Rollie Kessel*

Licensed Embalmer No. *4690*

P. O. Address..... *Andover, Ma*

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.