

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044530

STATE FILE NUMBER

FILED DEC 23 1958

District No. 146

Primary Registration District No. 3026

Registrar's No. 530

300
-57

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo 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"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 137 East Elm		Length of stay in lb 15 yrs	d. STREET ADDRESS (If outside, give location) 137 East Elm		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Eliza Middle Alice Last Flynn			4. DATE OF DEATH Month Dec Day 15 Year 1958		
5. SEX Fm	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 2 1868	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Terra Haute Ind		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Wm Stewart		13b. MOTHER'S MAIDEN NAME Lucy Pernal		14. NAME OF HUSBAND OR WIFE John Deceased	
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. None	17. INFORMANT Address Maude Kabrick 4014 Smart K.C. 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) Passive congestive pneumonia					INTERVAL BETWEEN ONSET AND DEATH 1 wk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Diabetes mellitus - advanced athero-sclerosis					
DUE TO (c) Hypertensive cardio vascular disease					several yrs
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"/> 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.)		
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>					
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 Dec 10 - 58 to 12-15-58 and last saw ^{her} him alive on 12-13-58 Death occurred at 8:15 a. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Charles Jackson MD</i> (Degree or title)			22b. ADDRESS Independence Mo		22c. DATE SIGNED 12-15-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec 17 1958	23c. NAME OF CEMETERY OR CREMATORY St Marys Cem		23d. LOCATION (City, town, or county) (State) Independence Mo	
24. FUNERAL DIRECTOR Webb Funeral Home Blue Springs Mo			25. DATE RECD. BY LOCAL REG. 12-17-58	26. REGISTRAR'S SIGNATURE <i>James R. [Signature]</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

ATTACHMENTS 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 *R B West*

Licensed Embalmer No. 2353

P. O. Address *Blue Springs*

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.