Health, Welfare Public Service

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1-57

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001620

STATE FILE NUMBER

FILED JAN 27 1959

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 43

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Independence — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Indep. Hospital — Length of stay in lb Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Independence 7005 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1600 West Walnut — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Emma Middle Ruth Last Resch

4. DATE OF DEATH Month Day Year Jan - 21 - 1959

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Nov - 19 - 1885

9. AGE (In years last birthday) 73 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and state or country) Kansas City - Missouri

12. CITIZEN OF WHAT COUNTRY? Usa

13a. FATHER'S NAME Arthur Allen

13b. MOTHER'S MAIDEN NAME Jessie Brierly

14. NAME OF HUSBAND OR WIFE Clifton Resch

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none

16. SOCIAL SECURITY NO. NONE

17. INFORMANT Clifton Resch Address Indep. 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) Trochanteric Fracture left femur.
INTERVAL BETWEEN ONSET AND DEATH 8 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
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 ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE 120

21. I attended the deceased from 1-13-59, to 1-21-59 and last saw her alive on 1-21-59
Death occurred at 11: A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Chas. Grabske, M.D. Mrs. Grabske & Link

22b. ADDRESS 10901 Winner, Indep., Mo.

22c. DATE SIGNED 1-22-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Jan - 23 - 59

23c. NAME OF CEMETERY OR CREMATORY Mound Grove

23d. LOCATION (City, town, or county) (State) Independence Mo

24. FUNERAL DIRECTOR Roland R. Speaks — ADDRESS Indep. Mo

25. DATE RECD. BY LOCAL REG. 1-23-59

26. REGISTRAR'S SIGNATURE James S. Craig

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Jessel

Licensed Embalmer No. 4690

P. O. Address Indep. 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.