

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013653

STATE FILE NUMBER

FILED MAY 6 1959 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 193

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1-57

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|--|------------------------|---|--|
| 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 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN INDEPENDENCE Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION INDEP. SANITARIUM Length of stay in lb 4 YEARS | | d. STREET ADDRESS (If outside, give location) 20550. PENDELTON Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last TESSIE E Gildehaus | | | 4. DATE OF DEATH Month Day Year April 25, 1959 |
| 5. SEX FEMALE | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH March 31, 1884 |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRACTICAL NURSE | | 9b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) NEBO, ILLINOIS |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME GEORGE Johnston | |
| 13b. MOTHER'S MAIDEN NAME ELIZABETH Johnson | | 14. NAME OF HUSBAND OR WIFE WILLIAM | |
| 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 MRS HENRY BECK Address Madison, Wis |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiovascular accident 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) Coronary Occlusion | | | INTERVAL BETWEEN ONSET AND DEATH 11 days |
| 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.) 4201 | |
| 20c. TIME OF INJURY _____ Hour _____ a.m. _____ p.m. _____ | | 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 4-14-59 to 4-25-59 and last saw her alive on 4-25-59 Death occurred at 9:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Last name or title) Drs. Grabske & Link | | 22b. ADDRESS 10901 Winner, Independence, Mo | |
| 22c. DATE SIGNED 4-27-59 | | | |
| 23a. BURIAL, CREMATION, OR OTHER (Specify) BURIAL | | 23b. DATE April 27, 1959 | |
| 23c. NAME OF CEMETERY OR CREMATORY MOUND GROVE | | 23d. LOCATION (City, town, or county) INDEPENDENCE, MO. | |
| 24. FUNERAL DIRECTOR ADDRESS Roland R. Speaks INDEP. Mo. | | 25. DATE RECD. BY LOCAL REG. 4-27-59 | |
| 26. REGISTRAR'S SIGNATURE James [Signature] | | | |

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed.

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... *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.