

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011366

FILED VS. MAR 22 1960

146

Primary Registration District No. 3026

Registrar's No. 155

STATE FILE NUMBER

ENDED

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		Length of stay in 1b 30 yrs	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 Independence Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 10614 E 33rd Terr	
3. NAME OF DECEASED (Type or print) First Hermenia Middle Mary Last Lingle			4. DATE OF DEATH Month 3 Day 12 Year 1960		
5. SEX Fem.	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11/14/1899	9. AGE (last birthday) 60
		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supply Clerk			10b. KIND OF BUSINESS OR INDUSTRY United Funds	11. BIRTHPLACE (City and state or country) Dodson, Mo	12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME Henry George Ries		13b. MOTHER'S MAIDEN NAME Elizabeth Reichert		14. NAME OF HUSBAND OR WIFE Warren H. Lingle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 511-22-8020	17. INFORMANT Address Warren H. Lingle, 10614 E 33rd		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ruptured dissecting atherosclerosis of the ascending aorta DUE TO (b) arteriosclerotic hypertension DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 12 hrs Chronic
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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 _____ Month, Day, Year _____ 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 March 24, 1960 to March 17, 1960 and last saw her alive on March 11, 1960 Death occurred at 7:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) W. H. Hickerson M.D.			22b. ADDRESS 604 W. Maple Independence, Mo		22c. DATE SIGNED 3/12/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar 14-60	23c. NAME OF CEMETERY OR CREMATORY askridge memory garden		23d. LOCATION (City, town, or county) Independence, Mo	
24. FUNERAL DIRECTOR ADDRESS Sheil Colonial Funeral Home		25. DATE RECD. BY LOCAL REG. 3-13-60	26. REGISTRAR'S SIGNATURE Jacob C. Gray		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 7 1980

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 John P. Sheil

Licensed Embalmer No. 3625

P. O. Address Kansas City

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.