

No. 300
10-48

FILED FEB 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5228
Registrar's No. 85

BIRTH NO.		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 85	
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, write RURAL and give township) OR TOWN Independence		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence			
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium				d. STREET ADDRESS (If rural, give location) 9904 Winner Road			
3. NAME OF DECEASED (Type or Print) a. (First) Mary			b. (Middle)			c. (Last) Reese	
4. DATE OF DEATH (Month) (Day) (Year) February 12, 1949		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH July 2, 1862		9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months 7 Days 10		IF UNDER 12 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Sydney Cape, Britton, N.S.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Laughlin McDonald			13b. MOTHER'S MAIDEN NAME Mary McKenzie			14. NAME OF HUSBAND OR WIFE Thomas Reese	
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'S SIGNATURE OR NAME ADDRESS Mrs. Josephine Reese, Indep., Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left ventricular failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) 				INTERVAL BETWEEN ONSET AND DEATH 3 mths Yes	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 444X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6/7, 1948 , to 2/12, 1949 , that I last saw the deceased alive on 2/12, 1949 , and that death occurred at 5:20 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Vance E. Link, M.D.				23b. ADDRESS VANCE E. LINK, M. D. 1st Nat'l. Bank Bldg. Independence, Mo.		23c. DATE SIGNED Feb/13/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/15/49		24c. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery		24d. LOCATION (City, town, or county) (State) Jackson County, Missouri	
DATE REC'D BY LOCAL REG. Feb-14-1949		REGISTRAR'S SIGNATURE [Signature] 354		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Roland K. Speaks, Independence, Mo.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed _____
Student Embalmer

Signed *Poland E. Frank*

Licensed Embalmer No. 3604

P. O. Address Independence, Missouri

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 this body is not embalmed, -fact should be so stated above.