

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 10 1954

State File No. 37684

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 464									
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 OR TOWN Independence				c. LENGTH OF STAY (in this place)				c. CITY OR TOWN Independence							
d. FULL NAME OF HOSPITAL OR INSTITUTION 119 So Pendleton				STREET ADDRESS (If rural, give location) 119 So Pendleton				d. Residence within limits of city or incorporated town? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes							
3. NAME OF DECEASED (Type or Print)			a. (First) Sallie			b. (Middle) Ann			c. (Last) Closson			4. DATE OF DEATH (Month) (Day) (Year) Nov. 27-54			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 2-1877		9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months 10 Days 25		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Operated Rest Home				10b. KIND OF BUSINESS OR INDUSTRY Rest Home				11. BIRTHPLACE (City and State or Foreign Country) Center - Texas				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME J. M. Pearson				13b. MOTHER'S MAIDEN NAME Sarah E. Duprest				14. NAME OF HUSBAND OR WIFE unknown							
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 Mrs Cecil Blifford Jackson				ADDRESS			
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) Cancer of descending colon ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 153 X								INTERVAL BETWEEN ONSET AND DEATH 18 mo			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION No operation operation refused								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 Oct 12, 1954 to Nov 27, 1954, that I last saw the deceased alive on Nov 20, 1954 and that death occurred at 2:00 p.m., from the causes and on the date stated above.															
23a. SIGNATURE C. H. Allen				(Degree or title) M.D.				23b. ADDRESS Independence, Mo				23c. DATE SIGNED 11/30/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE Dec 1-54				24c. NAME OF CEMETERY OR CREMATORY Central Grove				24d. LOCATION (City, town, or county) (State) Independence - Mo			
DATE REC'D BY LOCAL REG. 12-1-54				REGISTRAR'S SIGNATURE [Signature]				25. FUNERAL DIRECTOR'S SIGNATURE Roland R. Beaks - Indep Mo				ADDRESS			

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

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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. Kenneth Patterson*

Licensed Embalmer No. *469*

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.