

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8982

STATE FILE NUMBER

FILED APR 4 - 1957

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 132

1. PLACE OF DEATH a. COUNTY Jackson 9005				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 7005		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION Rest Haven 1504 W. Truman				Length of stay in lb 5 yrs		d. STREET ADDRESS (If outside, give location) 1504 W. Truman	
3. NAME OF DECEASED (Type or print) First Middle Last Grace E. Adams				4. DATE OF DEATH Month Day Year March - 26 - 1957			
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 July - 21 - 1876		9. AGE (In years last birthday) 80	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (City and state or country) Albany New York		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME J. J. Constance				14. MOTHER'S MAIDEN NAME Sarah Scott			
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 Belle Constance			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Complete Heartblock		DUE TO (b) Atherosclerotic cardiovascular disease		DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH Immediate	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4221	
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 9:00 1915 to 3/26/57 and last saw her alive on 3/26/57 Death occurred at 9:00 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Vance E. Link M.D.				22b. ADDRESS 10901 Winner Rd Independence, Mo		22c. DATE SIGNED 3/28/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Mar - 28 - 57	23c. NAME OF CEMETERY OR CREMATORY Delano Cemetery		23d. LOCATION (City, town, or county) (State) Cameron Missouri		
24. FUNERAL DIRECTOR R. Rand R. Speaks - Indep. Mo				25. DATE RECD. BY LOCAL REG. 3-28-57		26. REGISTRAR'S SIGNATURE James G. Gies	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

APR 2 1957

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..... *Kenneth Patten*

Licensed Embalmer No. *46*

P. O. Address..... *Indy*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(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.