

FILED APR 4 - 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

9004

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 137

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|---|--|---|--|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Independence</u> | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Independence</u> | | 7005 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL INSTITUTE <u>Indep. Hospital</u> | | | | Length of stay in lb <u>54 years</u> | | d. STREET ADDRESS (If outside, give location) <u>1214 W. Maple</u> | |
| 3. NAME OF DECEASED (Type or print) <u>Clarence Albert Resch</u> | | | | 4. DATE OF DEATH <u>Mar-27-1957</u> | | Month Day Year | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>Dec-10-1881</u> | | 9. AGE (In years last birthday) <u>75</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Planing mill</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Planing Mill</u> | | 11. BIRTHPLACE (City and state or country) <u>Shelby Co - Iowa</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13. FATHER'S NAME <u>Henry Resch</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Elizabeth Dean</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u> | | | 16. SOCIAL SECURITY NO. <u>046-12-6486A</u> | | 17. INFORMANT <u>Clara May Resch - Indep. Mo</u> | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute pulmonary edema</u> <u>Terminal Bronchopneumonia</u> <u>Coronary Arteriosclerosis</u> <u>Cerebral Arteriosclerosis</u> 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(n) <u>4201</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u> <u>2 days</u> <u>Years</u> <u>Years</u> |
| 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 <u>3-19-57</u> to <u>3-27-57</u> and last saw <u>her</u> alive on <u>3-27-57</u> Death occurred at <u>3-27-57 2:30 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>Vance E. Link, M.D.</u> <u>Drs. Grabske & Link</u> | | | | 22b. ADDRESS <u>10901 Winner, Indep., Mo.</u> | | 22c. DATE SIGNED <u>3-28-57</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE <u>Mar 30 57</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove</u> | | 23d. LOCATION (City, town, or county) (State) <u>Independence, Missouri</u> | | |
| 24. FUNERAL DIRECTOR <u>Roland P. Speaks - Indep. Mo</u> | | | 25. DATE RECD. BY LOCAL REG. <u>3-30-57</u> | | 26. REGISTRAR'S SIGNATURE <u>James Lewis</u> | | |

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All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. Securing the medical certification in this space is the responsibility of the coroner.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *R. Kenneth Patterson*.....

Licensed Embalmer No. *469*.....

P. O. Address *Indy, 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.