

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001622

STATE FILE NUMBER

FILED FEB 3 1959 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 52

300
1-57

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		c. CITY OR TOWN Independence	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Restview Nursing Home		d. STREET ADDRESS (If outside, give location) 416 E. College	
Length of stay in lb 3 yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Ella Jane Sears			4. DATE OF DEATH Month Day Year Jan. 25, 1959		
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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 Oct. 24, 1862	9. AGE (In years last birthday) 96	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at Home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Dutches County N. Y. 1	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Jacob T. Benjiman	13b. MOTHER'S MAIDEN NAME Louina Hall	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. C. L. Eckert 6831 Locust	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia and Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH 2 week
DUE TO (b) athroclerotic Heart Disease		
DUE TO (c) Fracture, femur, right intertrochanteric 4 26 05		1 mo
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		years
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 15 Nov. 1958 , to 25 Jan. 1959 and last saw her/him alive on 19 Jan. 1959 Death occurred at 1005 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Norman Anabou, M.D.	22b. ADDRESS Independence Mo.	22c. DATE SIGNED 26 Jan. 1959
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23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE 1/27/59	23c. NAME OF CEMETERY OR CREMATORY DWN	23d. LOCATION (City, town, or country) (State) Kansas City Mo.
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24. FUNERAL DIRECTOR Stine & McClure	ADDRESS K. C. Mo.	25. DATE RECD. BY LOCAL REG. 1-27-59	26. REGISTRAR'S SIGNATURE James L. Craig
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Al. 4-1300
will be in effect 11.30.00
724 500 4.000.

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 *Eugene L. ...*

Licensed Embalmer No. *4635*
P. O. Address *Quincy, Ill.*

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.