

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

001673

STATE FILE NUMBER

59-001673

JAN 6 1959

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 4

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, give TOWNSHIP only) Rural Prairie		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Independence, Mo.
c. FULL NAME OF (If NOT in hospital, give location) Jackson		Length of stay in lb 2 mo	d. STREET ADDRESS 301 So. Spring
3. NAME OF DECEASED (Type or print) Kathryn Lena Pence		4. DATE OF DEATH Month Jan Day 1 Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-21-1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY —	9. AGE (In years last birthday) 78
13a. FATHER'S NAME George Weatherford		13b. MOTHER'S MAIDEN NAME —	12. CITIZEN OF WHAT COUNTRY? U.S.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. —	11. BIRTHPLACE (City and state or country) Maud Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arterio Sclerotic Heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Gen. Arterio-Sclerosis DUE TO (c) —		17. INFORMANT Address Mrs. Emma Short Sibley	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4260		20c. TIME OF INJURY Hour — Month, Day, Year a.m. — p.m. —	
20d. INJURY OCCURRED WHILE AT <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 —	STATE —
21. I attended the deceased from Oct. 27, 1958 to December 31 and last saw her ^{her} give on January 1, 1959 Death occurred at 2:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Phil Japer M.D.		22b. ADDRESS Lee's Summit, Mo	22c. DATE SIGNED 1-3-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-5-59	23c. NAME OF CEMETERY OR CREMATORY woodlawn	23d. LOCATION (City, town, or county) (State) Independence, Mo.
24. FUNERAL DIRECTOR Hegel H Reppert		25. DATE RECD. BY LOCAL REG. 1-3-58	26. REGISTRAR'S SIGNATURE M. Campbell

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Charles E. Mayfield*

• Licensed Embalmer No. *4638*
• P. O. Address *Blue Springs*

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.