# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 561 STATE FILE NUMBER 63-048356

FILED DEC 31 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED |
|---|---|---|---|
| 1 | 7005 | | |
| 2 | 7005 | | |
| 3 | | | |
| 4 | 1 | | |
| 5 | 2 | | |
| 6 | | | |
| 7 | 1 | | |
| 8 | 2 | | |
| 9 | 332X | | |
| 10 | | | |
| 11 | | | |
| 12 | 86-1 | | |
| 13 | 10 | | |

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence — Length of stay in 1b: 6 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cable Rest Home — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Independence — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1500 North Liberty — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Selena Middle Pearl Last Innis

4. DATE OF DEATH Month Dec. Day 21. Year 1963

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH June 10, 1885.

9. AGE (last birthday) 78

IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (City and state or country) Marion, Mich.

12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Chas. Price

13b. MOTHER'S MAIDEN NAME Emma Reid

14. NAME OF HUSBAND OR WIFE Lloyd Innis. (dec)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of serv

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. Reppie Phillips Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | Bronchopneumonia | 1 week |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Cerebral Vascular Thrombosis | 2 weeks |
| DUE TO (c) | Generalized Arteriosclerosis | years |

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1/24/63 to 12/21/63 and last saw her alive on 12/18/63

Death occurred at 4:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dallas B. Fowler M.D.

22b. ADDRESS 10901 Winner Road

22c. DATE SIGNED 12/23/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 12-24-63

23c. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery

23d. LOCATION (City, town, or county) (State) Independence, Mo.

24. FUNERAL DIRECTOR Roland R Speaks ADDRESS Independence, Mo.

25. DATE RECD. BY LOCAL REG. 12-23-63

26. REGISTRAR'S SIGNATURE Alba L. Craig

(Licensed Embalmer's Statement on Reverse Side)

JAN 7 1964

12-23-63

**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 _____ Signed Don H. Lindsey

Signature of Student Embalmer

Licensed Embalmer No. 5195

P. O. Address Sedgw. 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.

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