

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED JAN 31 1949

BIRTH NO. _____		REG. DIST. NO. <u>12</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>101</u>
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> <u>11</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>32 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>13</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Josephs' Hospital</u> <u>1)</u>		d. STREET ADDRESS (If rural, give location) <u>218 East Texas.</u> <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Estel</u> b. (Middle) <u>James</u> c. (Last) <u>Muir.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 18 1949</u>	
5. SEX <u>male</u> <u>0</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>married</u> (Specify)	8. DATE OF BIRTH <u>Jan. 3, 1876</u>	9. AGE (In years last birthday) <u>73</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>15</u> IF UNDER 12 HRS. Hours <u>1</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>night watchman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Western Tablet</u>		11. BIRTHPLACE (State or foreign country) <u>Fillmore, Missouri</u> <u>1)</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Robert Muir</u>		
13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Myrtle Muir</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>491-09-2576</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Myrtle Muir</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rupture of Esophageal Varix</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Portal Obstruction</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>EMIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2-4 hours</u> <u>?</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1)</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Joseph, Buchanan, Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>1)</u>
22. I hereby certify that I attended the deceased from <u>Jan 3, 1949</u> to <u>Jan 18, 1949</u> , that I last saw the deceased alive on <u>Jan 18, 19</u> , and that death occurred at <u>12:30 AM</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Wm. Redmond, MD.</u> (Degree or title)		23b. ADDRESS <u>St. Joseph, Mo.</u>		23c. DATE SIGNED <u>1/20/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/19/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>		DATE REC'D BY LOCAL REG. <u>Jan 25, 1949</u>		
REGISTRAR'S SIGNATURE <u>G. C. Jenkins</u> <u>382</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton Bowman</u> <u>Funeral Home</u> <u>St. Joseph</u> <u>Mo.</u>		
ADDRESS <u>St. Joseph</u>		ADDRESS <u>St. Joseph</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Student Embalmer

Signed James B. Hawkins

Licensed Embalmer No. 4536

P. O. Address 319 S. 10th St. Joplin, 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 this body is not embalmed, fact should be so stated above.