

FILED JAN 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40207**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1456

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>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>	
c. LENGTH OF STAY (In this place) <u>35 years</u>		d. STREET ADDRESS (If rural, give location) <u>1114 Highly Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1114 Highly Street</u>			
3. NAME OF DECEASED a. (First) <u>Sidney</u>		b. (Middle) <u>Albert</u>	
		c. (Last) <u>Close</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>December 31, 1949</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER/MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>December 7, 1880</u>
9. AGE (In years last birthday) <u>69</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. IF UNDER 24 HRS: Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hide &amp; Wool Buyer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dugdale Packing Co.</u>	
11. BIRTHPLACE (State or foreign country) <u>Bolckow, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Unknown - Close</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Digge</u>	
14. NAME OF HUSBAND OR WIFE <u>Pearl Close</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-09-3385</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Pearl Close</u>		ADDRESS <u>St. Joseph, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL DEGENERATION</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>BRONCHIAL ASTHMA</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>4-4</u> , 19 <u>49</u> , to <u>12-31</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12-30</u> , 19 <u>49</u> , and that death occurred at <u>6:00 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Allen Infernian</u> (Degree or title) <u>P.M.D.</u>		23b. ADDRESS <u>St. Joseph, Mo. 620 Francis St.</u>	
23c. DATE SIGNED <u>12-31-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 3, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 5, 1950</u>		REGISTRAR'S SIGNATURE <u>E. B. Jenkins</u> 382	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Halter Meierhoff</u>		ADDRESS <u>1946 Colburn St. St. Joseph, Mo.</u>	

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

