

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3979

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 227

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Buchanan</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>   |  |
| c. LENGTH OF STAY (in this place) <b>5 Years</b>   |  | d. STREET ADDRESS (If rural, give location) <b>2734 Lafayette Street</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>2734 Lafayette Street</b>                          |  |  |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 3. NAME OF DECEASED<br>(Type or Print) <b>Teresa</b><br>a. (First) b. (Middle) c. (Last) <b>Stock</b>         |  |   | 4. DATE OF DEATH (Month) (Day) (Year) <b>Febr. 21 1950</b> |   |  |
| 5. SEX <b>Female</b>  |  | 6. COLOR OR RACE <b>White</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> |  |
| 8. DATE OF BIRTH <b>Jan. 21, 1870</b>   |  | 9. AGE (In years last birthday) <b>80</b>                                   |  | 10. IF UNDER 1 YEAR Months Days Hours Min.                            |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b> |  | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (State or foreign country) <b>5 Switzerland</b>        |  |
| 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |  | 13a. FATHER'S NAME <b>George Wiss</b>                                       |  | 13b. MOTHER'S MAIDEN NAME <b>Anna Marie Hafeli</b>                    |  |
| 14. NAME OF HUSBAND <del>XXXXXXXX</del> <b>Amiel</b>  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> |  | 16. SOCIAL SECURITY NO. <b>None</b>                                   |  |
| 17. INFORMANT'S SIGNATURE OR NAME <b>Miss Caroline Wiss</b>   |  | 17. ADDRESS <b>2734 Lafayette St</b>  |  |   |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><b>Chronic myo-carditis</b>                                      |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myo-carditis</b>   |  | INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>  |  |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>General Arterio Sclerosis</b> |  | DUE TO (c) <b>Woman died suddenly without a history of serious illness or recent disability. She was known to be a sufferer of attacks of acute indigestion and pain in her left chest.</b> |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 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)   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   |  | 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~~ <sup>viewed</sup> the deceased ~~on~~ <sup>on</sup> **2/21, 1950**, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **9:45 P.m.**, from the causes and on the date stated above.

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 23a. SIGNATURE (Degree or title) <b>H. F. Mundy M.D. (Coroner)</b>        |  | 23b. ADDRESS <b>St. Joseph Mo</b>                            |  | 23c. DATE SIGNED <b>2/22/50</b>                               |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>                   |  | 24b. DATE <b>2-24-1950</b>                                   |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b> |  |
| 24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Norman W. Hidenkaden</b> |  | ADDRESS <b>1802 Union St.</b>                                 |  |

DATE REC'D BY LOCAL REG. **Feb 28, 1950** REGISTRAR'S SIGNATURE **G. B. Jenkins** 382

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

2117

**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 Robert H. Yapple.....

Licensed Embalmer No. 3308.....

P. O. Address St. Joseph, 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.