

FILED APR 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7685**
Registrar's No. **378**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #2.		d. STREET ADDRESS (If rural, give location) 2413 Felix Street	
3. NAME OF DECEASED (Type or Print) a. (First) Martha		b. (Middle) Emma	
c. (Last) De Voss		4. DATE OF DEATH (Month) (Day) (Year) March 24, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 5, 1868
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henry Uhlinger	
13b. MOTHER'S MAIDEN NAME Helene Schelbli		14. NAME OF HUSBAND OR WIFE LeRoy DeVoss	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Hospital Records State Hospital #2.		ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) Senile dementia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH suddenly 3 yrs 34 yrs +		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph, Mo.		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 the deceased from 3-24, 1950 , to 3-24, 1950 , that I last saw the deceased alive on 3-24, 1950 , and that death occurred at 11:50 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. Cassin M. A. State Hospital #2		23b. ADDRESS St. Joseph, Mo.	
23c. DATE SIGNED 3-24-1950		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Mar. 27, 1950		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	
24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.		25. FUNERAL DIRECTOR'S SIGNATURE Statter Meierhoffer	
DATE REC'D BY LOCAL REG. Mar 28, 1950		REGISTRAR'S SIGNATURE H. B. Jenkins 382	
ADDRESS 1945 Colhoun St. St. Joseph, Mo.			

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

Robert C. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.