

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7727

BIRTH NO. 6234-50 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 290

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, rural 0117	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph's Hospital		d. STREET ADDRESS (If rural, give location) St. Rural Route #7 tal 0	

3. NAME OF DECEASED (Type or Print) a. (First) Victoria Jean b. (Middle) Kimler c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) March 3, 1950		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Feb. 27, 1950	9. AGE (In years last birthday) 5	IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Joseph, Mo. D	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Dale Wm. Kimler	13b. MOTHER'S MAIDEN NAME June Vey	14. NAME OF HUSBAND OR WIFE
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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 Dale Wm. Kimler, Jr. St. Joseph, Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 5-days 7544
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Birth & Congenital Heart		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2/27/50, 19__, to 3/3/50, 19__, that I last saw the deceased alive on 3/3/50, 19__, and that death occurred at 10 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Wm. W. Stein</i> (Degree or title) A.M.D.	23b. ADDRESS 405 Zook Rd. St. Joseph, Mo.	23c. DATE SIGNED 3/8/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 4, 1950	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
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DATE REC'D BY LOCAL REG. Mar. 15, 1950	REGISTRAR'S SIGNATURE <i>G. L. Jenkins</i>	25. FUNERAL DIRECTOR'S SIGNATURE Barry Funeral Home, St. Joseph, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 ^{not} my son

Student Embalmer No. _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed

Victor J. Barry

Licensed Embalmer No. 4212

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.