No. 300
10.48

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

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11997

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 490

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 14 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117
d. STREET ADDRESS (If rural, give location): 611 North 22nd Street 0

3. NAME OF DECEASED (Type or Print)
a. (First): Emma
b. (Middle): Clara
c. (Last): Hayes

4. DATE OF DEATH (Month) (Day) (Year): April 21, 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 9, 1879
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: OwnnHome
11. BIRTHPLACE (State or foreign country): St. Joseph, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Leopold Wachendorfer
13b. MOTHER'S MAIDEN NAME: Antone Schaaf
14. NAME OF HUSBAND OR WIFE: John J.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mr John J. Hayes — ADDRESS: 611 North 22nd St.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture Neck Femur L. — INTERVAL BETWEEN ONSET AND DEATH: E9040

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary Embolism — 21
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Blindness

19a. DATE OF OPERATION: 4-8-50
19b. MAJOR FINDINGS OF OPERATION: Fracture L. Hip 131
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St. Joseph, Buchanan, Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4-6-50 — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: slipped & fell

22. *I hereby certify that I attended the deceased from* 4-6, 1950, *to* 4-21, 1950, *that I last saw the deceased alive on* 4-20, 1950 *and that death occurred at* 3:12A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jacob Kulowski M.D.
23b. ADDRESS: St. Joseph Mo
23c. DATE SIGNED: 4-22-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/24/1950
24c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
24d. LOCATION (City, town, or county) (State): St. Joseph, Missouri

DATE REC'D BY LOCAL REG.: April 24, 1950
REGISTRAR'S SIGNATURE: C. C. Jenkins 38
25. FUNERAL DIRECTOR'S SIGNATURE: Herman W. Siedenfaden — ADDRESS: 1802 Union St.

(Licensed Embalmer's Statement on Reverse Side)

JUL 29 1957

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 Elmer Thomas

Licensed Embalmer No. 2640

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.