

FILED MAY 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15944**Registrar's No. **568**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	
c. LENGTH OF STAY (In this place) 90 days		d. STREET ADDRESS (If rural, give location) 611 South 14th street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Meth. Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Louise b. (Middle) Frances c. (Last) Michaelis			4. DATE OF DEATH (Month) (Day) (Year) May 9, 1950		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) never married	
8. DATE OF BIRTH Jan. 11, 1882		9. AGE (In years last birthday) 68		10. IF UNDER 1 YEAR Months 3 Days 28	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY Public Schools		11. BIRTHPLACE (State or foreign country) Belmont, Wisconsin	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Theodore A. Michaelis		13b. MOTHER'S MAIDEN NAME Sarah Jane Scott		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Irene Young, 611 S. 14th, Street	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of cervix ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized carcinomatous DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 4 year 6 months	
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 <input type="checkbox"/> 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 **10-14, 1949**, to **5-9, 1950**, that I last saw the deceased alive on **5-9, 1950**, and that death occurred at **1:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Annie Rosenthal M.D.		23b. ADDRESS St. Joseph Mo.		23c. DATE SIGNED 5-10-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/12/50		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
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DATE REC'D BY LOCAL REG. May 15, 1950		REGISTRAR'S SIGNATURE E. B. Jenkins 382		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wester Bowman Funeral St. Joseph, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

Dr. Parvati

JUN 3 1950

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.

Signed *James B. Hawkins*

Signed _____
Student Embalmer

Licensed Embalmer No. 4536

P. O. Address 319.5. 10th St. Joseph

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.