

FILED DEC 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36236

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1326

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 0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1204 North 9th Street		d. STREET ADDRESS (If rural, give location) 1204 North 9th Street	

3. NAME OF DECEASED (Type or Print) Catherine Mathilda Moeck			4. DATE OF DEATH Nov. 22, 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Febr. 22, 1873		9. AGE (In years last birthday) 77		10. CITIZEN OF WHAT COUNTRY U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) St. Joseph, Mo.	

13a. FATHER'S NAME Edward Bennett		13b. MOTHER'S MAIDEN NAME Mary McDonough		14. NAME OF HUSBAND OR WIFE John G.	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr John G. Moeck 1204 No. 9th St.	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocardia		INTERVAL BETWEEN ONSET AND DEATH 1 1/2	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchial asthma		27-20	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4252	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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 MAY 19 1950 to 22 NOV 1950, that I last saw the deceased alive on 21 NOV 1950, and that death occurred at 1:00P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Clement C. Chmura		23b. ADDRESS St. Joseph Mo		23c. DATE SIGNED 24 NOV 50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 25, 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. Nov 28, 1950		REGISTRAR'S SIGNATURE Carl C. Casato		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman W. S. Siefaden Barlinia St	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 28 1954

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

*Sr 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.