

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36279**  
Registrar's No. **1375**

FILED DEC 11 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **5134**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Washington Twsp 16 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph (Rural) Washington</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R.F.D. #7, St. Joseph</b>		d. STREET ADDRESS (If rural, give location) <b>R. F. D. #7 Twsp.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Alice</b>	b. (Middle) <b>Cordelia</b>	c. (Last) <b>Cutberth</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>12 - 1 - 1950</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 3, 1859</b>	9. AGE (In years last birthday) <b>91</b>	IF UNDER 1 YEAR Months	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) <b>house work</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (State or foreign country) <b>Henry County, Iowa</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>George W. Neff</b>	13b. MOTHER'S MAIDEN NAME <b>Ellen Bailey</b>	14. NAME OF HUSBAND OR WIFE <b>Calvin G. Cutberth</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Jack Barber - St. Joseph, Missouri</b>	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>2 mos</b>  <b>1/200</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Disorder Sensitivity</b> DUE TO (b) _____ DUE TO (c) _____		
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 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)
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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?
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22. I hereby certify that I attended the deceased from **11-24, 1950**, to **12-1, 1950**, that I last saw the deceased alive on **12-1, 1950**, and that death occurred at **2:45 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Harold J. Brun</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>St. Joseph, Mo.</b>	23c. DATE SIGNED <b>12-4-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Dec. 4, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Humpherys Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Humpherys, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Dec 7, 1950</b>	REGISTRAR'S SIGNATURE <b>Carl C. Cas</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>St. Joseph Funeral Home</b> ADDRESS <b>St. Joseph, Mo.</b>
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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.

Signed Charles M. Harmon

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4487

P. O. Address 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.