

FILED NOV 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36282**
Registrar's No. **1300**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, write RURAL and give town) Rural Washington
c. LENGTH OF STAY (in this place) 11 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION: G. D. # Cook Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Buchanan
c. CITY (If outside corporate limits, write RURAL and give township) St Joseph
d. STREET ADDRESS (If rural, give location) G. D. # Cook Road

3. NAME OF DECEASED (Type or Print)
a. (First) ALEX b. (Middle) _____ c. (Last) EMBODEN

4. DATE OF DEATH (Month) (Day) (Year)
11/3/1950

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) unk

8. DATE OF BIRTH unk 9. AGE (In years last birthday) 78 # UNDER 1 YEAR Months _____ Days _____ # UNDER 24 HRS. Hours _____ Mins _____

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

13a. FATHER'S NAME unk 13b. MOTHER'S MAIDEN NAME unk 14. NAME OF HUSBAND OR WIFE unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unk 16. SOCIAL SECURITY NO. unk 17. INFORMANT'S SIGNATURE OR NAME Mar Little ADDRESS Cook Road

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral Insufficiency
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arthritis.
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 Ten Years

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from July 15, 1919, to Nov 3, 1950, that I last saw the deceased alive on Nov 2, 1950, and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE J. N. Elliott (Degree or title) M.D. 23b. ADDRESS 801 1/2 Francis St. Joseph, Mo 23c. DATE SIGNED 11/10/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 11/8/1950 24c. NAME OF CEMETERY OR CREMATORY City Cemetery 24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.

DATE REC'D BY LOCAL REG. Nov 20, 1950 REGISTRAR'S SIGNATURE Carl C. Costello 25. FUNERAL DIRECTOR'S SIGNATURE Barry General Home, St. Joseph ADDRESS _____

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 _____

Victor Barry

Signed
Student Embalmer

Licensed Embalmer No. *14212*

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.