

FILED FEB 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 291

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY <i>Buchanan</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Buchanan</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Joseph</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Joseph</i> 0117	
c. LENGTH OF STAY (In this place) <i>11 mos 14 days</i>		d. STREET ADDRESS (If rural, give location) <i>118 1/2 S. 3rd.</i> 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hospital No. 2.</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>FANNIE</i> b. (Middle) <i>(none)</i> c. (Last) <i>ROUTEN.</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>1 - 27 - 1951.</i>		
5. SEX <i>Female</i> 3		6. COLOR OR RACE <i>Negro</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i> 1	
8. DATE OF BIRTH <i>2-13-1893.</i>		9. AGE (In years last birthday) <i>57</i>		IF UNDER 1 YEAR Months <i>11</i> Days <i>14</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>House making</i>		11. BIRTHPLACE (State or foreign country) <i>Birmingham, Alabama</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>					

13a. FATHER'S NAME <i>Joseph Gray</i>		13b. MOTHER'S MAIDEN NAME <i>Fannie Crisley</i>		14. NAME OF HUSBAND OR WIFE <i>James Routen.</i>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i> <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>James Routen.</i>	
				ADDRESS <i>118 1/2 S. 3rd. St. Joseph, Mo.</i>	

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) <i>Chronic Myocarditis</i>			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arterio sclerosis</i>			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<i>7221</i>

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) m.			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 2-13- 1950, to 1-27- 1951, that I last saw the deceased alive on 1-26- 1951, and that death occurred at 4:45 pm. from the causes and on the date stated above.

23a. SIGNATURE <i>Farnest Thomas.</i> 0 (Degree or title) <i>M.D.</i>		23b. ADDRESS <i>State Hospital No. 2</i>		23c. DATE SIGNED <i>1-27-1951.</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>city</i>		24b. DATE <i>Feb 2, 1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>city cemetery</i>	
				24d. LOCATION (City, town, or county) (State) <i>St. Joseph Mo</i>	

DATE REC'D BY LOCAL REG. <i>Feb. 5, 1951</i>		REGISTRAR'S SIGNATURE <i>Carl C. Casper</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Beatrice Gray</i>	
				ADDRESS <i>812 Pacific</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

*by Morrow, O.D.*

FEB 27 1951

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
*Eric J. Cheney*

Signed.....  
Student Embalmer

Licensed Embalmer No.....  
*4679*

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.