

FILED MAR 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3830  
254

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

1. PLACE OF DEATH

a. COUNTY Buchanan

b. CITY (If outside corporate limits, write RURAL and give town or township) St. Joseph, Mo.

c. LENGTH OF STAY (In this place) 3-Years

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 817 North 6th Street

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, Mo.

d. STREET ADDRESS (If rural, give location) 817 North 6th Street

3. NAME OF DECEASED

a. (First) Frank b. (Middle) Elmer c. (Last) Euler

4. DATE OF DEATH (Month) (Day) (Year) March 4, 1951

5. SEX Male 0 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced

8. DATE OF BIRTH Jan. 31, 1881 9. AGE (In years last birthday) 70

10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Labor

10b. KIND OF BUSINESS OR INDUSTRY Chase Candy Co.

11. BIRTHPLACE (State or foreign country) Blair, Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF DECEASED'S WIFE Carrie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 509-09-0637

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Carrie Euler 806 No. 10th St.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION (Daughter)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Acute Coronary Insufficiency

INTERVAL BETWEEN ONSET AND DEATH 1 day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Arterio-Sclerosis 3 yrs. (Est)

DUE TO (c) Man died while alone in his room, He had not been seriously ill or disabled but had complained of attacks of indigestion and pains in his chest

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201

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 3/4, 1951, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 12:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H F Mundy M.D. (Coroner) 23b. ADDRESS St. Joseph Mo. 23c. DATE SIGNED 3/4/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE March 5, 51 24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery 24d. LOCATION (City, town, or county) (State) Troy, Kansas

DATE REC'D BY LOCAL REG. Mar 6, 1951 REGISTRAR'S SIGNATURE Carl E. Casper FUNERAL DIRECTOR'S SIGNATURE Wm. S. Sidenfaden ADDRESS 1802 Union St

(Licensed Embalmer's Statement on Reverse Side)

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

0117

**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 *Elmer Thomas*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2640

P. O. Address St. Joseph, Missouri

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.