

FILED FEB 26 1951

STANDARD CERTIFICATE OF DEATH

State File No. 3857

0117

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

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 179

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (In this place) <u>15 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1925 S.16th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1925 S.16th Street</u>		4. DATE OF DEATH <u>February 16, 1951</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Homan</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>		8. DATE OF BIRTH <u>Sept. 25, 1868</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>		9. AGE (In years last birthday) <u>82</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Buchanan County, Missouri</u>	
13a. FATHER'S NAME <u>George W. Homan</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13b. MOTHER'S MAIDEN NAME <u>Deliah Messemer</u>		14. NAME OF HUSBAND OR WIFE <u>Flora Homan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Homer Homan</u> ADDRESS <u>St. Joseph, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
ANTECEDENT CAUSES		DUE TO (b) <u>General Arteriosclerosis</u> <u>10 yrs. (hyp)</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>(Senility)</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION		21a. ACCIDENT (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 <u>viewed</u> the deceased from <u>on the</u> <u>1951</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:45 P.</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>H. F. Mundy M.D. (Coroner)</u> (Degree or title)		23b. ADDRESS <u>St. Joseph Mo</u>	
23c. DATE SIGNED <u>2/20/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Feb. 19, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Freeman Chapel Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Buchanan Co, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Meierhoffer</u> ADDRESS <u>St. Joseph, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 21, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>	

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 a student embalmer.....

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Albert C. Harrington
Licensed Embalmer No. 3258 Missouri.

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.