

FILED FEB 19 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 3906

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. 160

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital no 2		d. STREET ADDRESS (If rural, give location) 2003 So 11th St	
3. NAME OF DECEASED a. (First) Robert b. (Middle) Frank c. (Last) Verner			4. DATE OF DEATH Month Day Year Feb 12 1951
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept 9-17 1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Inspector		10b. KIND OF BUSINESS OR INDUSTRY Railroad U.P.	9. AGE (In years last birthday) 79
11. BIRTHPLACE (State or foreign country) Wyoming		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME not given		13b. MOTHER'S MAIDEN NAME not given	
14. NAME OF HUSBAND OR WIFE Annelia M.		17. INFORMANT'S SIGNATURE OR NAME Verlester Mac Verner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 488-14-9124	
17. ADDRESS 4631 Madison		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.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Hypertension		443X	
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"/>			
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1, 1951, to Feb 12, 1951, that I last saw the deceased alive on Feb 10, 1951, and that death occurred at 4:30 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Forrest Thomas M.D.		23b. ADDRESS St Joseph Mo of State Hospital no 2	23c. DATE SIGNED 2/12-1951
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 15-1951	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
DATE REC'D BY LOCAL REG. Feb 15, 1951	REGISTRAR'S SIGNATURE Carl C. Casper	25. FUNERAL DIRECTOR'S SIGNATURE Norman W. Sinden	ADDRESS 1802 Union St.

(Licensed Embalmer's Statement on Reverse Side)

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.....

*Robert H. Gable*

Signed.....

Student Embalmer

Licensed Embalmer No.....

*3308*

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.