

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1944

State File No. \_\_\_\_\_

FILED JUN 18 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 617

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>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	c. LENGTH OF STAY (in this place) <u>6-2 Weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo. 3078</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1731 South 9th St.</u>		d. STREET ADDRESS <u>121 N. Lawn Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u> b. (Middle) <u>Mae</u> c. (Last) <u>Bell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 6 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 19, 1915</u>	9. AGE (In years last birthday) <u>35</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Lester E. Linder</u>	13b. MOTHER'S MAIDEN NAME <u>Ethel Shoemaker</u>	14. NAME OF HUSBAND OR WIFE <u>Leonard</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>491-24-7568</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lester E. Linder</u>	ADDRESS <u>1731 So. 9th St.</u>
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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) <u>Cirrhosis of liver</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Do not know</u> DUE TO (c) <u>Previously had splenomegaly and large liver.</u>			
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"/>
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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) _____	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 July, 1950, to June 6, 1951, that I last saw the deceased alive on June 6, 1951, and that death occurred at 2:20 A.m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. Grant M.D.</u> (Degree or title)	23b. ADDRESS <u>St. Joseph, Mo.</u>	23c. DATE SIGNED <u>6-7-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 8, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>June 11, 1951</u>	REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stowers Funeral Home</u> ADDRESS <u>2335 St. Joseph</u>
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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.

Student .....  
Student Embalmer

Signed Elmer Thomas

Licensed Embalmer No. 2640

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.