

FILED JUN 25 1951

# STANDARD CERTIFICATE OF DEATH

State File No. **19510**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 1000 Registrar's No. 650

**1. PLACE OF DEATH**

a. COUNTY **Buchanan**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Joseph**

c. LENGTH OF STAY (In this place) **6 weeks**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Missouri Methodist Hospital**

**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) OR TOWN **St. Joseph** **1117**

d. STREET ADDRESS (If rural, give location) **403 N. 5th St.**

**3. NAME OF DECEASED**

a. (First) **Lulu** b. (Middle) **C.** c. (Last) **Senter**

4. DATE OF DEATH (Month) (Day) (Year) **June 12 1951**

5. SEX **female** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **single**

8. DATE OF BIRTH **October 29, 1856** 9. AGE (In years last birthday) **94** IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **ret. librarian** 10b. KIND OF BUSINESS OR INDUSTRY **Public Library**

11. BIRTHPLACE (State or foreign country) **Davenport, Iowa** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Christopher C. Senter** 13b. MOTHER'S MAIDEN NAME **Mary Ellen Snider** 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

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. **none** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Persis Sturgis, Hiawatha, Kans** ADDRESS \_\_\_\_\_

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

**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)** **Cholesterol**

**ANTECEDENT CAUSES** **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.** DUE TO (b) **arterio scler. gen.** DUE TO (c) \_\_\_\_\_

**II. OTHER SIGNIFICANT CONDITIONS** **Senility** 4221

**INTERVAL BETWEEN ONSET AND DEATH** **3 yrs - 5 yrs**

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 5/5, 1957, to 6/12, 1957, that I last saw the deceased alive on 6/12, 1957, and that death occurred at 4:00P m., from the causes and on the date stated above.

23a. SIGNATURE **Frank W. Anderson, MD** (Degree or title) 23b. ADDRESS **670 Kansas St** 23c. DATE SIGNED **6/14/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **6/14/1951** 24c. NAME OF CEMETERY OR CREMATORY **Belmont Cemetery** 24d. LOCATION (City, town, or county) (State) **Wathena, Kansas**

DATE REC'D BY LOCAL REG. **June 21, 1951** REGISTRAR'S SIGNATURE **Carl E. Casto** 4440 25. FUNERAL DIRECTOR'S SIGNATURE **Heaton-Bowman Funeral Home - St Joseph** ADDRESS \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 28 1951  
NOV 29 1951  
JUL 27 1951  
NOV 6 1951  
JUL 18 1951  
JUL 20 1951

EMERALD

JUL 13 1951

F. V. Hastings

**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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St, 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.