

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **29531**

FILED OCT 1 1951

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 984

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>Life time</u>		d. STREET ADDRESS (If rural, give location) <u>5602 S. 2nd Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enroute to St. Joseph Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>Earle</u> c. (Last) <u>Michel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>September 23, 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>February 16, 1899</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk Ret.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mens Furnishing</u>	11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Albert F. Michel</u>	13b. MOTHER'S MAIDEN NAME <u>Ida Andrews</u>	14. NAME OF HUSBAND OR WIFE <u>Rita Marie Michel</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY (If yes, give war or dates of service) <u>491-09-5021</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ida Michel St. Joseph, Mo.</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		INTERVAL BETWEEN ONSET AND DEATH <u>1 Hour</u> <u>many years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio Vascular Syphilis</u> DUE TO (c) _____		
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) <u>023X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 October, 1950, to Sept. 23, 1951, that I last saw the deceased alive on Sept 23, 1951, and that death occurred at 2:00P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Mohammed Ghani M.D.</u>	23b. ADDRESS <u>228 Illinois Ave. St. Joseph, Mo.</u>	23c. DATE SIGNED <u>9/24/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 25, 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>Sept. 25, 1951</u>	REGISTRAR'S SIGNATURE <u>Carl C. Casler</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter Fleuchaffer St. Joseph, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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0117
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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

Raymond W. Morehead

Licensed Embalmer No. 4413 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.