

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32625**

OCT 29 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1088

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Joseph</b>	c. LENGTH OF STAY (in this place) <b>15 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural: Washington Twp. 0110</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Josephs Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>2 miles South of St. Joseph on #71</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Catherine</b>	b. (Middle) <b>Elzadie</b>	c. (Last) <b>Emery</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>October 19, 1951</b>
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>January 19, 1876</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 18 YRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (State or foreign country) <b>Princeton, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>S. David Boyd</b>	13b. MOTHER'S MAIDEN NAME <b>Belle Ader</b>	14. NAME OF HUSBAND OR WIFE <b>Arthur F. Emery</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Virginia Pace, 424 S. 6th, St. Joseph, Mo</b>

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Diabetic Coma</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) <b>260x</b>		INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerotic Gangrene rt. leg</b> <b>Arteriosclerosis, Generalized and</b>		<b>16 days</b>
19a. DATE OF OPERATION <b>XXXXXX</b>	19b. DISEASES OR CONDITIONS <b>Diabetes - Duration Unknown</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 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 Feb. 6, 1950, to Oct. 19, 1951, that I last saw the deceased alive on Oct. 18, 1951, and that death occurred at 8:15A. m., from the causes and on the date stated above.

23a. SIGNATURE <b>Wm. Straig MD</b>	(Degree or title)	23b. ADDRESS <b>Tootle Building</b> <b>St. Joseph, Missouri</b>	23c. DATE SIGNED <b>10-22-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10/22/1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph Missouri</b>

DATE REC'D BY LOCAL REG. <b>October 25, 1951</b>	REGISTRAR'S SIGNATURE <b>Carl C. Casley</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Heaton-Burman Funeral Home</b> <b>St. Joseph, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

1961 2 AOM

**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 S 10th St Joseph*

**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.