

FILED NOV 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36434

1148

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

1. PLACE OF DEATH a. COUNTY <i>Buchanan</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Atchison</i>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Joseph, Mo.</i>		c. LENGTH OF STAY (In this place) <i>3 1/2 Months</i>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Peshonabottma,</i>		0030
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hospital # 1</i>			d. STREET ADDRESS (If rural, give location) <i>1</i>		
3. NAME OF DECEASED (Type or Print) a. (First) <i>Emit</i>		b. (Middle) <i>✓</i>	c. (Last) <i>Makings</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Nov. 8. 1951</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>May 8. 1888.</i>	9. AGE (In years last birthday) <i>63</i>	IF UNDER 1 YEAR Months <i>7</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Atchison County, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>Joseph Makings</i>		13b. MOTHER'S MAIDEN NAME <i>Frances King</i>		14. NAME OF HUSBAND OR WIFE <i>Mrs. Ella Makings</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Unknown</i>		16. SOCIAL SECURITY NO. <i>✓</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Emit Makings and Records.</i>		
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 INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)			<i>Chronic Myo carditis</i>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) <i>Cerebral arteriosclerosis</i>		
			DUE TO (c) <i>with Psychotic Episodes</i>		
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 <i>3.06X</i>			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) (Min.)		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 <i>May 1. 1951</i> , to <i>Nov. 8. 1951</i> , that I last saw the deceased alive on <i>Nov. 7. 1951</i> , and that death occurred at <i>5:52 a.m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Martin Cochran, M.D.</i>			23b. ADDRESS <i>State Hospital # 1</i>		23c. DATE SIGNED <i>Nov. 8. 51.</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>	24b. DATE <i>11/8/1951</i>	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <i>Rockport Missouri</i>	
DATE REC'D BY LOCAL REG. <i>Nov. 14, 1951</i>		REGISTRAR'S SIGNATURE <i>Carl C. Casst</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Heaton-Bowman Funeral Home St Joseph, Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. 3804

P. O. Address 319 So 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.