

No. 300
10. 48

FILED NOV 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36456

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1174

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) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not of official certification, give street address or location) 202 St. Joseph Ave. Goforth Nursing Home

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
d. STREET ADDRESS (If rural, give location) 2020 Seneca St.

3. NAME OF DECEASED (Type or Print)
a. (First) Marie b. (Middle) A. c. (Last) Smith
4. DATE OF DEATH (Month) (Day) (Year) November 11, 1951

5. SEX female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED divorced
8. DATE OF BIRTH February 29, 1884 9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Hastings, Nebraska
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Charles Schuck 13b. MOTHER'S MAIDEN NAME unk. 14. NAME OF HUSBAND OR WIFE unk.

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. Cecelia Webster, 2020 Seneca St. MO. Joseph

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, asphyxia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular & Pulmonary Disease
ANTECEDENT CAUSES (b) Hypertension, Coronary Arteriosclerosis, Myocardial Infarction
DUE TO (c) Diabetes Mellitus, Glomerulonephritis, Myocardial Infarction
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
Interval between ONSET AND DEATH 6 hrs - 10 yrs

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 260X 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) m. _____ 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 Sept 11, 1951, to Nov 11, 1951, that I last saw the deceased alive on Nov 5, 1951, and that death occurred at 10:40A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) _____ 23b. ADDRESS 317 Kirkpatrick Rd. 23c. DATE SIGNED 11-12-51

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 11/15/1951 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery 24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri

DATE REC'D BY LOCAL REG. Nov. 19, 1951 REGISTRAR'S SIGNATURE Carl C. Cash 446 HEATON-BEAMAN Funeral Home 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Joseph, Mo.

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

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2

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *William Garding*.....

Licensed Embalmer No. *4535*.....

P. O. Address *319 S. 10th 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.