

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **234**

FILED JAN 21 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph <u>1117</u>	
c. LENGTH OF STAY (In this place) 2 weeks		d. STREET ADDRESS (If rural, give location) 418 So. 9th St. <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Meth. Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) EMMA b. (Middle) CHILCOAT c. (Last) CHILCOAT			4. DATE OF DEATH (Month) (Day) (Year) 1 11 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <u>11</u>	
8. DATE OF BIRTH 4-15-1881		9. AGE (In years last birthday) 70		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Amazonia, Missouri <u>U</u>	
12. CITIZEN OF WHAT COUNTRY? U.S.G.					

13a. FATHER'S NAME Rudolph Stukey		13b. MOTHER'S MAIDEN NAME Anna Riesenmey		14. NAME OF HUSBAND OR WIFE John H. Chilcoat (de)	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lovell Chilcoat, 1610 No. 3rd St.	
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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, asphyxia, 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) Other Conditions			Labor Pneumonia			4 weeks		
PRECEDENT CAUSE Cerebral Vascular Accident			Stroke			Unknown		
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c) Cholecystitis			Unknown		
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) 490X	
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 12-13-1951, to 1-11-1952, that I last saw the deceased alive on 1-11-1952, and that death occurred at 4:10P pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Marion W. Stanger, M.D.		23b. ADDRESS Tootle Building St. Joseph, Missouri		23c. DATE SIGNED 1-15-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-13-1952		24c. NAME OF CEMETERY OR CREMATORY Hackberry Cemetery		24d. LOCATION (City, town, or county) (State) Amazonia, Missouri	
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DATE REC'D BY LOCAL REG. Jan 17, 1952		REGISTRAR'S SIGNATURE Carl C. Casler <u>426</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Joseph, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

John E. Rupp

Licensed Embalmer No. *3986*

P. O. Address *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.