

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

15600

State File No. _____

BIRTH NO. 275-66 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 536

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) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>317 Dekota St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hopp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHERYL</u> b. (Middle) <u>ANN</u> c. (Last) <u>ALMANZA</u>		4. DATE OF DEATH (Month) <u>5</u> (Day) <u>14</u> (Year) <u>1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>5-12-1952</u>
9. AGE (in years last birthday) <u>0</u>	# UNDER 1 YEAR <u>0</u>	# UNDER 1 DAY <u>2</u>	# UNDER 1 HOUR <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</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>Thomas Almanza</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Williams</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Thomas Almanza, 317 Dekota St.</u>		

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Placental Detachment</u> (b) <u>41 hours</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Atelectasis Lungs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7610</u>	
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) (Min.)	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 5/12, 1952 to 5/14, 1952, that I last saw the deceased alive on 5/13, 1952, and that death occurred at 2:00A m., from the causes and on the date stated above.

23a. SIGNATURE <u>My Edmund, MD</u>	23b. ADDRESS <u>St Joseph, Mo</u>	23c. DATE SIGNED <u>5-14-1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-14-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>MAY 23, 1952</u>	REGISTRAR'S SIGNATURE <u>Carl C. Cist</u>	5. FUNERAL DIRECTOR'S SIGNATURE <u>John E. Hopp</u>	ADDRESS <u>St. Joseph, Mo.</u>
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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, only

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John E. Scupp
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.