

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15684**

BIRTH NO. 27724		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 563
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.		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital.		d. STREET ADDRESS (If rural, give location) 1806 North 22nd St.		
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Elizabeth		c. (Last) Walker.
4. DATE OF DEATH (Month) (Day) (Year) May 27 1952				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH May 27, 1952	9. AGE (In years last birthday) 7 MONTHS 35 YEAR 1 HOUR 35 MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant.		10b. KIND OF BUSINESS OR INDUSTRY None.		11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri.
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Jean M. Walker.		13b. MOTHER'S MAIDEN NAME Rita Sue Copperstone.		14. NAME OF HUSBAND OR WIFE None.
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jean M. Walker, 1806 North 22nd St.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema and asphyxia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary atelectasis DUE TO (c) Prematurity II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Maternal toxemia.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 5/27 , 19 52 , to 5/27 , 19 52 , that I last saw the deceased alive on 4:30 PM , 19 52 , and that death occurred at 4:30 PM , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) H. C. Williams M.D.		23b. ADDRESS St. Joseph Mo.		23c. DATE SIGNED 5/28/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-28-52		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
24d. LOCATION (City, town, or county) (State) St. Joseph Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norman W. S. Sweeney 1802 N. 22nd St.		
DATE REC'D BY LOCAL REG. May 28, 1952		REGISTRAR'S SIGNATURE Carl C. Casper		

(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 Herman W. Sidenfaden

Licensed Embalmer No. 2728

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.