

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23673**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **777**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	c. LENGTH OF STAY (in this place) <b>52 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b> <b>8117</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2725 S. 23rd Street</b>		d. STREET ADDRESS (If rural, give location) <b>2725 S. 23rd Street</b> <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Elva</b>	b. (Middle) <b>Ethel</b>	c. (Last) <b>Doak</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 20, 1952</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>January 2, 1883</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MINS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife and sewing Machine Operator</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Factory</b>	11. BIRTHPLACE (State or foreign country) <b>Sidney, Iowa.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>David Albert Weamer</b>	13b. MOTHER'S MAIDEN NAME <b>Emma Dailey</b>	14. NAME OF HUSBAND OR WIFE <b>Grover Cleveland Doak</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give year or date of service) <b>***** 491-09-6709</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Veda Taylor St. Joseph, Mo.</b>
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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, asthenia, 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) <b>Cerebral Hemorrhage</b>		<b>3/8/50 to 7/20/52</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Hypertension</b> Morbidity 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>331X</b>	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **3/8/50**, 19\_\_\_, to **7/20/52**, 19\_\_\_, that I last saw the deceased alive on **7/20/52**, 19\_\_\_, and that death occurred at **8:25 A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>[Signature]</b>	23b. ADDRESS <b>710 Julie St., St. Joseph, Mo.</b>	23c. DATE SIGNED <b>7/22/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 23, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri.</b>
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DATE REC'D BY LOCAL REG. <b>July 24, 1952</b>	REGISTRAR'S SIGNATURE <b>Carl C. Cast</b> <b>446</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Walter Munchoff Sr. St. Joseph, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-461

**RECORDED JUL 28 1952**

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, of \*\*\*\*\*

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working under my personal supervision.

Student Embalmer No. ....\*\*.\*. ....\*\*\*\*

Signed

*Edward E. Huntington*

Signed.....\*\*\* \*\*\*\*  
Student Embalmer

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.