

STANDARD CERTIFICATE OF DEATH

LED SEP 15 1952

BIRTH NO.		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 937
1. PLACE OF DEATH a. COUNTY Buchanan 0117		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Buchanan 0117		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 46 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph (Rural) 1
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		d. STREET ADDRESS (If rural, give location) Rt. 1, Mitchell Ave. Road		
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Smith c. (Last) Littlejohn		4. DATE OF DEATH (Month) (Day) (Year) Aug. 21, 1952		
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower 2	8. DATE OF BIRTH May 31, 1877	9. AGE (In years last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Druggist		10b. KIND OF BUSINESS OR INDUSTRY Drug store		11. BIRTHPLACE (State or foreign country) Townsend Nebraska /
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Not known		13b. MOTHER'S MAIDEN NAME Not known		14. NAME OF HUSBAND OR WIFE Mary Littlejohn
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. 494-12-6181		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mary Aileen Townsend Rt. 1 St. 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Atherosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Saddle thrombus @ bifurcation of abd aorta		INTERVAL BETWEEN ONSET AND DEATH 1 day
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		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 8-1, 1952 to 8-21, 1952, that I last saw the deceased alive on 8-21, 1952 and that death occurred at 7:00 p.m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Harold J. Brunner MD		23b. ADDRESS St. Joseph, Mo		23c. DATE SIGNED 8.22.52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 23, 52		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery
24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS 120 Illinois Ave.		
DATE REC'D BY LOCAL REG. Sept 8, 1952		REGISTRAR'S SIGNATURE 446 Carl C. Casey		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS 120 Illinois Ave.

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

Dr. Brunner.

APR 7 1953

AUG 5 1953

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 *Earl A. Clark*

Licensed Embalmer No. *4238*

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.