

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34236

State File No. \_\_\_\_\_

1072

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. _____								
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) OR TOWN <u>St. Joseph</u>				c. LENGTH OF STAY (In this place) <u>34 Yrs</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D.O.A. St. Joseph's Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>818 Pendelton St.</u>										
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nina</u>			b. (Middle) <u>Lois</u>			c. (Last) <u>Ezzell</u>								
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 8, 1952</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 20, 1899</u>						
9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>Villisca, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>			13a. FATHER'S NAME <u>John Ashmore</u>			13b. MOTHER'S MAIDEN NAME <u>Hattie Ashmore</u>			14. NAME OF HUSBAND OR WIFE <u>Ernest W. Ezzell</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Ernest W. Ezzell</u>			ADDRESS <u>818 Pendleton</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u>				ANTECEDENT CAUSES										
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.										
				DUE TO (b) _____										
				DUE TO (c) <u>Woman died suddenly without a history of recent serious illness or disability</u>										
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 <u>4:20</u>						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 <u>born</u> _____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:20p</u> m., from the causes and on the date stated above.														
23a. SIGNATURE (Degree or title) <u>H. F. Mundy M.D. (Coroner)</u>						23b. ADDRESS <u>St. Joseph, Mo.</u>			23c. DATE SIGNED <u>10/9/52</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			24b. DATE <u>10-11-52</u>			24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>			24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>10-11-1952</u>			REGISTRAR'S SIGNATURE <u>Carl C. Cas...</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman W. Sidenfaden</u>			ADDRESS <u>1802 Union St</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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0117  
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DEC 5 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, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Robert H. Gaph*

Licensed Embalmer No. 3308

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.