

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37726**

1183

FILED NOV 24 1952		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1183		
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. LENGTH OF STAY (In this place) 16 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		0117		
d. FULL NAME OF HOSPITAL OR INSTITUTION 906 Douglas Street				d. STREET ADDRESS (If rural, give location) 906 Douglas Street				
3. NAME OF DECEASED (Type or Print) a. (First) Emily b. (Middle) Bryant c. (Last) Hunter			4. DATE OF DEATH (Month) (Day) (Year) 11 13 1952					
5. SEX Female		6. COLOR OR RACE negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 9 1 1872		
9. AGE (In years less birthday) 80		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours		Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Columbia Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME (Not known) Bryant			13b. MOTHER'S MAIDEN NAME Eliza Warren			14. NAME OF HUSBAND OR WIFE Walter Hunter		
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. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Eula Mabie			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Scl. Jn ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) giving the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. gangrene left foot.				INTERVAL BETWEEN ONSET AND DEATH 10/1/52	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION 4501			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., to 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 10/1 , 19 52 , to 11/10 , 19 52 , that I last saw the deceased alive on 11/10 , 19 52 , and that death occurred at 4:20 A. m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Frank Mandigan			23b. ADDRESS 670 Francis St			23c. DATE SIGNED 11/7/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11 15 1952		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.		
DATE REC'D BY LOCAL REG. Nov 17, 1952		REGISTRAR'S SIGNATURE Carl C. Caster		25. FUNERAL DIRECTOR'S SIGNATURE Wm. H. Alexander		ADDRESS St. Joseph, Mo.		

(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.

Signed..... *Wm. H. Alexander*

Signed.....
Student Embalmer

Licensed Embalmer No. *4450*

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.