

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

8865

State File No. _____
Registrar's No. 411

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. 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>2 Days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Mo. Methodist Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stanberry</u> d. STREET ADDRESS (If rural, give location) <u>318 Elm</u>	
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3. NAME OF DECEASED a. (First) <u>Ellen</u> b. (Middle) <u>Jane</u> c. (Last) <u>McMichael</u> (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 3, 1953</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. 9, 1922</u>	9. AGE (In years last birthday) <u>30</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Mins. _____
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>		11. BIRTHPLACE (State or foreign country) <u>Fort Scott, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>J.R. McDonald</u>	13b. MOTHER'S MAIDEN NAME <u>Elba M. Geschwind</u>	14. NAME OF HUSBAND OR WIFE <u>Melvin E. McMichael</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>523-12-3031</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>M.E. McMichael Stanberry, Mo.</u>
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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, asthma, 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) <u>Rheumatic Heart Disease</u> <u>Mitral Valvular Stenosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<u>20 yrs.</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumonia Hypostatic</u>		<u>10 days</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: <u>410X</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) _____	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 1-28- 1953, to 4-3-53, 19____, that I last saw the deceased alive on 4-2-53, 19____, and that death occurred at 8:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. C. Senne M.D.</u>	23b. ADDRESS <u>207 1/2 S. St. Joseph, Mo.</u>	23c. DATE SIGNED <u>4-3-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4-3-53</u>	24c. NAME OF CEMETERY OR CREMATORY _____
24d. LOCATION (City, town, or county) (State) <u>Fort Scott, Kansas</u>		

DATE REC'D BY LOCAL REG. <u>April 6, 1953</u>	REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman W. Sidenfaden</u>	ADDRESS <u>1802 Union St.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 200
V. 10.48

FILED APR 14 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Robert H. Maple

Licensed Embalmer No. 5308

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.