

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

**17086**

State File No. ....

No. 300  
10.48

**FILED JUN 1 - 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 605

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Buchanan 0110</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Buchanan 0110</u>
c. LENGTH OF STAY (In this place) <u>10 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Josephs Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1309 N. 10th St.</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>Bessie</u>	b. (Middle) <u>Field</u>	c. (Last) <u>Denham</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>May 20, 1953</u>
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<b>5. SEX</b> <u>female</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>widowed</u>	<b>8. DATE OF BIRTH</b> <u>June 30, 1881</u>	<b>9. AGE</b> (In years last birthday) <u>71</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>housewife</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>own home</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Savannah, Missouri 0</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
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<b>13a. FATHER'S NAME</b> <u>unk.</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>unk.</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Richard G.</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>none</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Fred Burger</u>	<b>ADDRESS.</b> <u>1910 Eugene Field, St. Joseph, Mo.</u>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>24 hrs</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary Thrombosis</u>		
	<b>ANTECEDENT CAUSES</b> Arteriosclerosis general DUE TO (b) <u>Hypertension</u> DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS*</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>420</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 7 Feb, 53, to 20 May, 1953, that I last saw the deceased alive on 20 May, 53, and that death occurred at 9:55 a.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>Arthur W. Stang</u>	(Degree or title) <u>M.D.</u>	<b>23b. ADDRESS</b> <u>520 Francis Street, St. Joseph 2, Mo.</u>	<b>23c. DATE SIGNED</b> <u>20 May 53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>removal</u>	<b>24b. DATE</b> <u>5/22/1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Denver, Colorado</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>May 28, 1953</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Robert M. Allison</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Horton Brown</u>	<b>ADDRESS</b> <u>Funeral Home</u>
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(Licensed Embalmer's Statement on Reverse Side)

St. Joseph, Mo.

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.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*William Spalding*

Licensed Embalmer No. *4535*

P. O. Address *3195-10<sup>th</sup> St. S. St. Paul, Minn.*

**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.