

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17092

State File No.

LED JUN 8 1953

BIRTH NO. _____		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>620</u>
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> <u>0117</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> <u>117</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>25 yrs.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6534 Brown St.</u>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		
3. NAME OF DECEASED (Type or Print) <u>JUANITA FIELDS</u>		a. (First)	b. (Middle)	c. (Last) <u>FIELDS</u>
4. DATE OF DEATH <u>5 28 1953</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Unknown</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	9. AGE (in years last birthday) <u>46</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Parigould, Arkansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>
14. NAME OF HUSBAND OR WIFE <u>Arley Fields</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <u>No</u>		
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James Helm</u> , ADDRESS <u>6534 Brown St., City</u>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myo-Carditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Excessive drinking of Alcoholic Liquors (wine)</u> DUE TO (c) <u>Alcoholic Liquors (wine)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>2 years</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 <u>6/1</u> , 19 <u>53</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:00</u> A.M., from the causes and on the date stated above.				
23a. SIGNATURE <u>H. F. Mundy M.D.</u> (Degree or title)		23b. ADDRESS <u>St. Joseph, Mo.</u>		23c. DATE SIGNED <u>6/1/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-1-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>
24d. LOCATION (City, town, or county) <u>Halls, Missouri</u>		24e. STATE <u>Mo.</u>		
DATE REC'D BY LOCAL REG. <u>June 4, 1953</u>		REGISTRAR'S SIGNATURE <u>Arthur M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John E. Sapp</u> ADDRESS <u>St. Joseph, Mo.</u>

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

Alvin C. Bazar

Licensed Embalmer No.

4795

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.