

S. No. 300  
V. 10.48

FILED JUN 1 - 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17155  
Registrar's No. 614

BIRTH NO.		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 614
1. PLACE OF DEATH a. COUNTY Buchanan 0117		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan 0117		
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 505 Highland Ave		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital				
3. NAME OF DECEASED (Type or Print) Ollie		a. (First) Southers	b. (Middle)	c. (Last)
4. DATE OF DEATH May 25 1953				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 19 1876	9. AGE (In years last birthday) 77
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 (City and State or Foreign Country) Buchanan Co. Missouri
12. CITIZEN OF WHAT COUNTRY? U S A				
13a. FATHER'S NAME Stephen E. Unk		13b. MOTHER'S MAIDEN NAME Unk.		14. NAME OF HUSBAND OR WIFE Frank Southers
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 Frank Southers ADDRESS St. Joseph Mo.
18. CAUSE OF DEATH Enter only concisely per line for (a), (b), and (c)		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 4 hours		
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis General		
		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Patient slipped and fell when getting into bed.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X F		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE Accident Natural causes		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph Buchanan Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5-11-53 6a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Patient slipped and fell.
22. I hereby certify that I attended the deceased from 5-18-1953, to 5-25-1953, that I last saw the deceased alive on 5-23-1953, and that death occurred at 10: A.M., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <i>Wm. L. Seung M.D.</i>		23b. ADDRESS Tootle Building St. Joseph, Missouri		23c. DATE SIGNED 5-26-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 27, 1953		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
24d. LOCATION (City, town, or county) (State) St. Joseph Missouri		24e. REG'D BY LOCAL REG. REGISTERAR'S SIGNATURE 485 <i>Loather M. Allison</i>		
24f. DATE May 27, 1953		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Stanley Funeral Home</i> 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

*Charles E. Bennett*

Licensed Embalmer No. 4677

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.