

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31047

State File No. \_\_\_\_\_

FILED OCT 5 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1048

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Joseph</b>	c. LENGTH OF STAY (In this place) <b>Life</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Meth. Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>2511 So. 10th St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>RUBY</b>	b. (Middle) <b>JANE</b>	c. (Last) <b>FATTIG</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>9 19 1953</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>1-20-1948</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>child</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	9. AGE (In years last birthday) <b>5</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Joseph, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Woodrow Fattig</b>	13b. MOTHER'S MAIDEN NAME <b>Ruby Hunter</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Woodrow Fattig</b> , ADDRESS <b>2511 So. 10th St.</b> City
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Tracheobronchitis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: <b>501X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 9/13 1953, to 9/19, 1953, that I last saw the deceased alive on 9/19, 1953, and that death occurred at 4:10P m., from the causes and on the date stated above.

23a. SIGNATURE <b>Woodrow Fattig</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>2511 So. 10th St. St. Joseph, Mo.</b>	23c. DATE SIGNED <b>30 Sept 53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-22-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Sept. 30, 1953</b>	REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>James E. Kepp</b> ADDRESS <b>St. Joseph, Mo.</b>
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(Licensed Embalmers' 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.

Student .....  
Student Embalmer

Signed *William C. Boman*

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.