

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

35111

State File No.

FILED NOV 2 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>1126</u>
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. 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>lifetime</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0117</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>906 Powell Street</u>		d. STREET ADDRESS (If rural, give location) <u>906 Powell Street</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louise</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Tourbier Story</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 25, 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>September 9, 1879</u>	9. AGE (In years last birthday) <u>74</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Office Help</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Branch Laundry Office</u>		11. BIRTHPLACE (State or foreign country) <u>Andrew County, Missouri.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>August Charles Tourbier</u>		
13b. MOTHER'S MAIDEN NAME <u>Callona McNeess</u>		14. NAME OF HUSBAND OR WIFE <u>Tilden Story</u>		
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>498-24-6114</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Tilden Story</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>Carcinoma St. Bonast</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Sky perforation</u> DUE TO (c) <u>Fracture 12 Dorsal Vertebra</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> <u>4</u> <u>About 3 mo</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E9000</u> <u>21</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Monte Vista</u> <u>905</u> <u>Rio Colorado</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug. 11, 1953</u> <u>A</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell Down Steps.</u>
22. I hereby certify that I attended the deceased from <u>Aug 13, 1953</u> , to <u>Oct 25, 1953</u> , that I last saw the deceased alive on <u>Oct 25, 1953</u> , and that death occurred at <u>7:00 Am.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Hustis A. Lan</u>		23b. ADDRESS <u>Northwood Bldg St Joseph Mo</u>		23c. DATE SIGNED <u>Oct 25-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 27, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Meischerhoffer-Fleeman, Inc.</u>		
DATE REC'D BY LOCAL REG. <u>Oct 29, 1953</u>		REGISTRAR'S SIGNATURE <u>Cather M. Allison</u>		ADDRESS <u>St. Joseph, Mo.</u>

(Licensed Embalmer's 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

Albert E. Harrington

Licensed Embalmer No. *3258 mo*

P. O. Address *St. Joseph*

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.