S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 4 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42102

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1345

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Methodist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117
d. STREET ADDRESS (If rural, give location): 325 W. Market Street 0

3. NAME OF DECEASED (Type or Print)
a. (First): Clara
b. (Middle): Jane
c. (Last): Coder

4. DATE OF DEATH (Month) (Day) (Year): December 28, 1953

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: August 26, 1879
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): St. Joseph, Missouri. 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Isaac Haight
13b. MOTHER'S MAIDEN NAME: Elizabeth Jane Woodv
14. NAME OF HUSBAND OR WIFE: William Coder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): *******
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Don R. Coder — ADDRESS: Independence, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis over 1 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetic over 1 yr

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 331X
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/5, 1947, *to* 12/28, 1953, *that I last saw the deceased alive on* 12/28, 1953, *and that death occurred at* 6:50A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clifton Smith MD
23b. ADDRESS: 218 N. Seventh St. St. Joseph 54, Missouri
23c. DATE SIGNED: 12/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 30, 1953
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
24d. LOCATION (City, town, or county) (State): St. Joseph, Missouri.

DATE REC'D BY LOCAL REG.: Dec 30, 1953
REGISTRAR'S SIGNATURE: Esther M. Allison Inez P. Balmer Dep. Reg
25. FUNERAL DIRECTOR'S SIGNATURE: Meierhoffer-Fleeman, Inc. — ADDRESS: St. Joseph, Mo.

4 85-0 (Licensed Embalmer's Statement on Reverse Side)

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 Raymond S. Moreheac

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri.

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.