

STANDARD CERTIFICATE OF DEATH

4083

State File No.

FILED MAR 15 1954

 BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 254

1. PLACE OF DEATH a. 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>40 yrs</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> c. CITY OR TOWN <u>St. Joseph</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>222 W. Rosine Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frederick</u> b. (Middle) <u>S.</u> c. (Last) <u>Penny</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 8, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>December 15, 1887</u>
9. AGE (In years last birthday) <u>66</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Dispatcher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Rock Island RR</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Zachary, Louisiana.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Frederick Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Trudeau</u>	
14. NAME OF HUSBAND OR WIFE <u>Myrtle Penny</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>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. George H. Chase</u>		ADDRESS <u>Moline, Ill.</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>Coronary Occlusion</u>	
		INTERVAL BETWEEN ONSET AND DEATH <u>16 hrs.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart Disease, arteriosclerotic</u> 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	
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>11-21</u>, 19<u>52</u>, to <u>3/8/54</u>, 19<u>54</u>, that I last saw the deceased alive on <u>3/8/54</u>, 19<u>54</u>, and that death occurred at <u>12:40P</u> m., from the causes and on the date stated above. 			
23a. SIGNATURE (Degree or title) <u>Allen Erdman M. D.</u>		23b. ADDRESS <u>706 Francis, St. Joseph</u>	
23c. DATE SIGNED <u>3/10/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 10, 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar 11, 1954</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Meierhoffer-Fleeman</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.....^{***}.....^{****}.....
Signature of Student Embalmer

Signed *Raymond J. Moore*.....

Licensed Embalmer No. 4413 M.

P. O. Address St. Joseph, M.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.