.300
.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7783

FILED APR 12 1954

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 369

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): 43 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 825 N. 11th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 825 N. 11th St. 0117

3. NAME OF DECEASED (Type or Print)
a. (First): Edythe
b. (Middle): H.
c. (Last): Jones

4. DATE OF DEATH (Month) (Day) (Year): April 5, 1954

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: November 3, 1874
9. AGE (In years last birthday): 79 — 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: own home
11. BIRTHPLACE (City and State or Foreign Country): Kellogg, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Henry Marshall
13b. MOTHER'S MAIDEN NAME: Icora Benson
14. NAME OF HUSBAND OR WIFE: James H.

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 — ADDRESS: Mrs. Marie L. Reichard, 825 N. 11th, St. Joseph 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) Acute Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Insufficiency

DUE TO (c) Recent Pulmonary Embolism

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Recent Fract. L. Hip. (Nailed) — 1-16-54

19a. DATE OF OPERATION: 1-16-54
19b. MAJOR FINDINGS OF OPERATION: As above. 4201 F
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St. Joseph Buchanan Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Apr 12, 1954 ? m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: Slipped and fell in the home

22. *I hereby certify that I attended the deceased from* 1-12, 1954, *to* 4-5, 1954, *that I last saw the deceased alive on* 4-5, 1954, *and that death occurred at* 5:35a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert Weber, M.D.
23b. ADDRESS: Kirkpatrick Bldg - St. Joseph Mo
23c. DATE SIGNED: 4-5-54

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 4/7/1954
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.: Apr. 8, 1954
REGISTRAR'S SIGNATURE: Heather M. Allison 425
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Heaton-Bowman St Joseph Mo

(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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Eugene Wood

Licensed Embalmer No. 38

P. O. Address 319 So 10th,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
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.