

FILED APR 5 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7834

State File No.
REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 352

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) Life		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2015 Faraon St.		e. STREET ADDRESS (If rural, give location) 2015 Faraon St. 0117	
3. NAME OF DECEASED a. (First) MARY		b. (Middle) ANNETTA	
c. (Last) WALL		4. DATE OF DEATH (Month) (Day) (Year) March 16, 1954	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 18, 1868	
9. AGE (In years last birthday) 85		10. 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) St. Joseph, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Joseph R. Good	
13b. MOTHER'S MAIDEN NAME Hannah Seltzer		14. NAME OF HUSBAND OR WIFE Thomas R.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME T. R. Wall, Jr., Country Club Place		ADDRESS	
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 St. Joseph, Mo. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH 5 min.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None 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 /201	
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 Jan 6, 1944, to Mar 16, 1954, that I last saw the deceased alive on _____, 1944, and that death occurred at 7 A.M., from the causes and on the date stated above.	
23a. SIGNATURE J. H. Ryan		23b. ADDRESS St. Joseph, Mo.	
23c. DATE SIGNED 3-16-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Mar 18, 1954		24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	
24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Bourman	
DATE REC'D BY LOCAL REG. Apr. 1, 1954		REGISTRAR'S SIGNATURE Kathleen M. Allison	
25. ADDRESS St. Joseph, Mo.		25. ADDRESS	

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

DEC 28 1956

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..... Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 1/2 10th St

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.