

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22158

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 767

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. 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"/>
c. LENGTH OF STAY (in this place) <u>life</u>		e. STREET ADDRESS (If rural, give location) <u>2713 Mary St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Josephs Hospital</u>		01170	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Joseph</u>	b. (Middle) <u>J.</u>	c. (Last) <u>Komer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 8, 1954</u>
-------------------------------------	--------------------------	-----------------------	------------------------	---

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 20, 1888</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 60 Min.
--------------------	-------------------------------	---	---------------------------------------	---	------------------------	-----------------------	------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>proprietor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Sheet Metal Shop</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Joseph, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	---	---

13a. FATHER'S NAME <u>Thaddus Komer.</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Florence</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>491-22-7662</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Florence Komer, 2713 Mary, St. Joseph, Mo.</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		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infectious Hepatitis &amp; Hepatic Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>092X</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 6-30, 1954 to 7-8, 1954, that I last saw the deceased alive on 7-8, 1954, and that death occurred at 12:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Phieolettis M.D.</u>	23b. ADDRESS <u>Doctors Bldg. City</u>	23c. DATE SIGNED <u>7-10-54</u>
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>7/10/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>
---	----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>July 15, 1954</u>	REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u> <u>485</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Newton-Bowman St. Joseph, Mo.</u>
---	---	---

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.....  
*William Spalding*

Licensed Embalmer No. *4535*

P. O. Address *319 S. 10th St. Omaha*

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.