

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22202

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 759

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

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) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	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) most of life		e. STREET ADDRESS (If rural, give location) 2609 Union St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Parkview-Sunnyslope Nursing 325 S. 11th St.			

3. NAME OF DECEASED (Type or Print) a. (First) Lucille b. (Middle) Pearl c. (Last) Stamp			4. DATE OF DEATH (Month) (Day) (Year) July 6, 1954		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH June 3, 1898		9. AGE (in years last birthday) 56		10. IF UNDER 1 YEAR Months _____ Days _____	
11. BIRTHPLACE (City and State or Foreign Country) Savannah, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		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					

13a. FATHER'S NAME Clinton W. McBeath		13b. MOTHER'S MAIDEN NAME Maggie Elizabeth		14. NAME OF HUSBAND OR WIFE Frank J.	
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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. _____		17. INFORMANT'S SIGNATURE OR NAME Ronald Etchison	
				ADDRESS 2609 Union St. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolism			INTERVAL BETWEEN ONSET AND DEATH 2 hours
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Auricular fibrillation			8 years
		DUE TO (c) Hypertensive Heart Disease			Unknown
		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 443X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE (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 <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 May 28, 1954, to July 6, 1954, that I last saw the deceased alive on June 11, 1954, and that death occurred at 10:15 A.m., from the causes and on the date stated above.

23a. SIGNATURE Allen German MD		(Degree or title)		23b. ADDRESS 706 Francis Pt.	
				23c. DATE SIGNED 7-7-54	

24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 7/9/1954		24c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	

DATE REC'D BY LOCAL REG. July 15, 1954		REGISTRAR'S SIGNATURE Kathleen M. Allison		485-0	
		25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Bowman		ADDRESS St. Joseph, Mo.	

SEP 2 1957

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. 3807
P. O. Address 314 S. 107th 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.