

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **29841**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1009

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>Lifetime</u>		e. STREET ADDRESS (If rural, give location) <u>423 Ohio Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>423 Ohio Street</u>		0117 0	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>Clarence</u> c. (Last) <u>(Indian) Nick Name</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>September 13, 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>November 17, 1890</u>
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bartender</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Apex recreation Centre</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Albany, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Sam Dunn</u>	
13b. MOTHER'S MAIDEN NAME <u>Ada Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Joan Dunn</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-10-3373</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Joan Dunn</u> ADDRESS <u>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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease with decompensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis, generalized</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
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) 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 <u>Aug 1, 1954</u> , to <u>Sept 13, 1954</u> , that I last saw the deceased alive on <u>9-8</u> , 19 <u>54</u> and that death occurred at <u>3:20 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Marvin H. Christ, M.D.</u>		23b. ADDRESS <u>City 202 Phys &amp; Surg Bldg</u>	23c. DATE SIGNED <u>9-13-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 15, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>
DATE REC'D BY LOCAL REG. <u>Sept 21, 1954</u>	REGISTRAR'S SIGNATURE <u>485 Luther M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Amiechuffer &amp; Hoeman</u> ADDRESS <u>St. Joseph, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 27 1933

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 .....<sup>\*\*\*</sup>....., Student Embalmer No. ....<sup>\*\*</sup> working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Albert P. Fanning*

Licensed Embalmer No. 7258 M

P. O. Address .... St. Joseph,

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.