

FILED NOV 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38100

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1174			
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. LENGTH OF STAY (In this place) most of life		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"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1001 N. 13th St.				f. STREET ADDRESS (If rural, give location) 1001 N. 13th St.				61170	
3. NAME OF DECEASED (Type or Print) John		a. (First)		b. (Middle) E.		c. (Last) McBride		4. DATE OF DEATH (Month) (Day) (Year) November 5, 1954	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <input checked="" type="checkbox"/> married		8. DATE OF BIRTH July 1, 1878		9. AGE (In years last birthday) 76	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. switch tender		10b. KIND OF BUSINESS OR INDUSTRY railroad		11. BIRTHPLACE (City and State or Foreign Country) Rochester, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Darius McBride			13b. MOTHER'S MAIDEN NAME Mary Wallace			14. NAME OF HUSBAND OR WIFE Berenice			
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. 707-05-7761		17. INFORMANT'S SIGNATURE OR NAME Mrs. Berenice McBride, 1001 N. 13th, St. Joseph				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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion				INTERVAL BETWEEN ONSET AND DEATH 6 hrs	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary atherosclerosis				3 yrs	
				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 4/201						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) (Min.)		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 Nov , 1954, to 11-5 , 1954, that I last saw the deceased alive on 11-4 , 1954, and that death occurred at 7:10a. m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Clement C. Johnson, M.D.				23b. ADDRESS St. Joseph, Mo.				23c. DATE SIGNED 11-6-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 11/8/1954		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri			
DATE REC'D BY LOCAL REG Nov. 10, 1954		REGISTRAR'S SIGNATURE Kathleen M. Allison		485-0		25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Bowman			
						ADDRESS St. Joseph, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

A. Blument

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 *Billie C. Gorder*, Student Embalmer No. *570*, working under my personal supervision..

Student *Billie C. Gorder*
Signature of Student Embalmer

Signed *William Spalding*

Licensed Embalmer No. *4535*

P. O. Address *395 11th St. [unclear]*

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.