

FILED NOV 8 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33156

State File No. ....

BIRTH NO. .... REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5125 Registrar's No. 1141

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural: Center Twp.</b>		c. CITY OR TOWN <b>St. Joseph</b>	
c. LENGTH OF STAY (in this place) <b>27 years</b>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2 miles south of St. Joseph, Mo.</b>		e. STREET ADDRESS (If rural, give location) <b>R. R. #6</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lucy</b> b. (Middle) c. (Last) <b>Elder</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>October 29, 1954</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>October 14, 1858</b>
9. AGE (In years last birthday) <b>96</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>Buchanan County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Ruben Bryant</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Haucknerider</b>	14. NAME OF HUSBAND OR WIFE <b>Prather C.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Edward F. Elder, R. R. #6, St. Joseph, Mo.</b>
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 INTERVAL BETWEEN ONSET AND DEATH <b>?</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatosis, primary site unknown</b>		DUE TO (b) <b>Generalized arteriosclerosis</b>	
ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>1999</b>		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 <b>10-16, 1954</b> , to <b>10-27, 1954</b> , that I last saw the deceased alive on <b>10-27, 1954</b> , and that death occurred at <b>8:15 a. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>William H. Cross, M.D.</b>		23b. ADDRESS <b>902 Edmond Street St. Joseph, Missouri</b>	23c. DATE SIGNED <b>10-29-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>10/31/1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Ridge Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Buchanan County, Mo.</b>
DATE REC'D BY LOCAL REG. <b>Nov 3, 1954</b>	REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b>	485	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hester Brown</b> ADDRESS <b>St. Joseph, Mo.</b>

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 10 1948

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 Clay Gonder, Student Embalmer No. 516 working under my personal supervision..

Student Billie Clay Gonder  
Signature of Student Embalmer

Signed William Spading  
Licensed Embalmer No. 45  
P. O. Address 319 S. 17th 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.