

FILED DEC 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36552

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1253

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Buchanan</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p> b. COUNTY <p style="text-align: center;">Buchanan</p>	
-b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">St. Joseph</p>	c. LENGTH OF STAY (In this place) <p style="text-align: center;">37 years</p>	c. CITY OR TOWN <p style="text-align: center;">St. Joseph</p>	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 <p style="text-align: center;">2836 S. 20th St.</p>		e. STREET ADDRESS (If rural, give location) <p style="text-align: center;">2836 S. 20th St. 01170</p>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <p style="text-align: center;">Minnie</p>	b. (Middle) <p style="text-align: center;">Julia</p>	c. (Last) <p style="text-align: center;">Callery</p>	(Month) <p style="text-align: center;">November</p>	(Day) <p style="text-align: center;">27,</p>	(Year) <p style="text-align: center;">1954</p>

5. SEX <p style="text-align: center;">female</p>	6. COLOR OR RACE <p style="text-align: center;">white</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">married</p>	8. DATE OF BIRTH <p style="text-align: center;">August 8, 1893</p>	9. AGE (In years last birthday) <p style="text-align: center;">61</p>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">housewife</p>	10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">own home</p>	11. BIRTHPLACE (City and State or Foreign Country) <p style="text-align: center;">Topeka, Kansas</p>	12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">USA</p>
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13a. FATHER'S NAME <p style="text-align: center;">Fred Henderson</p>	13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Evangeline Fry</p>	14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Roy</p>
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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) <p style="text-align: center;">no</p>	16. SOCIAL SECURITY NO. <p style="text-align: center;">none</p>	17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Roy Callery; 2836 S. 20th, St. Joseph, Mo.</p>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">2 wks</p>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>Metastatic carcinoma to Kidneys</u>	DUE TO (c) <u>Carcinoma of uterus</u>	<p style="text-align: center;">June 1954</p> <p style="text-align: center;">1952</p>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Obesity, gross; Rheumatoid arthritis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <p style="text-align: center;">174X</p>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1952, to _____, 19____, that I last saw the deceased alive on 11-27, 1954, and that death occurred at 6:45 p. m., from the causes and on the date stated above.

23a. SIGNATURE <p style="text-align: center;">H. C. Miller</p>	(Degree or title) <p style="text-align: center;">M.D.</p>	23b. ADDRESS <p style="text-align: center;">902 Edmund St. Joseph Mo</p>	23c. DATE SIGNED <p style="text-align: center;">11/29/54</p>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">burial</p>	24b. DATE <p style="text-align: center;">11/30/1954</p>	24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Memorial Park Cemetery</p>	24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">St. Joseph, Missouri</p>
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DATE REC'D BY LOCAL REG. <p style="text-align: center;">Dec. 2, 1954</p>	REGISTRAR'S SIGNATURE <p style="text-align: center;">Kathleen M. Allison</p>	485	25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">Nestor - Brown</p>	ADDRESS <p style="text-align: center;">St. Joseph, Mo.</p>
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(Licensed Embalmer's Statement on Reverse Side)

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 *Eugene Wood*.....

Licensed Embalmer No. *388*

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