

FILED NOV 22 1954

THE DIVISION OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36567**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1192**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Buchanan</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before institution). a. STATE <b>California</b> b. COUNTY <b>Santa Monica</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	c. LENGTH OF STAY (in this place) <b>12 hrs</b>	c. CITY OR TOWN <b>Santa Monica</b>	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 <b>Mercy Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>1312 19th Street</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>MARTHA</b>	b. (Middle) <b>E.</b>	c. (Last) <b>DUTCHER</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>NOVEMBER 7, 1954</b>
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<b>5. SEX</b> <b>female</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>married</b>	<b>8. DATE OF BIRTH</b> <b>October 26, 1890</b>	<b>9. AGE</b> (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>housewife</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Fredericksburg, Iowa</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>Elmer Miller</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Lizzie Muir</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Calvin</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>Unknown</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Calvin Dutcher, 1312 19th St., Santa Monica, Cal.</b>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Coronary occlusion</b>			
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	<b>DUE TO (b)</b> <b>Carcinoma of chest and spine</b>		<b>24 hours</b>
	<b>DUE TO (c)</b>		
<b>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</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> (COUNTY) (STATE)
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from Nov 7, 1954, to Nov 7, 1954, that I last saw the deceased alive on Nov 7, 1954, and that death occurred at 5:15P m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <i>H. M. [Signature]</i>	<b>23b. ADDRESS</b> <b>St. Joseph, Missouri</b>	<b>23c. DATE SIGNED</b> <b>Nov. 7, 1954</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>removal</b>	<b>24b. DATE</b> <b>Nov 9, 1954</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Santa Monica, California</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>Nov 15, 1954</b>	<b>REGISTRAR'S SIGNATURE</b> <b>485-0</b> <i>Kathleen M. Allison</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Hester-Bowman</i>	<b>ADDRESS</b> <b>St. Joseph, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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. 3804

P. O. Address 319 So 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.