

FILED DEC 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36588**

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1239	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Ohio b. COUNTY Cuyahoga			
b. CITY OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) D.O.A.		c. CITY OR TOWN South Euclid		d. STREET ADDRESS (If rural, give location) 1595 Holmden Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Metho. Hospital				4. DATE OF DEATH (Month) (Day) (Year) NOV. 22, 1954			
3. NAME OF DECEASED (Type or Print) a. (First) HAROLD		b. (Middle) JEROME		c. (Last) JAQUISH		5. SEX Male	
6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 25, 1891		9. AGE (In years last birthday) 63	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ass't Factory Manager		10b. KIND OF BUSINESS OR INDUSTRY Machine Mfg.		11. BIRTHPLACE (City and State or Foreign Country) Milwaukee, Wisconsin		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Jaquish		13b. MOTHER'S MAIDEN NAME Ida Baff		14. NAME OF HUSBAND OR WIFE Bertha Dorothy Jaquish			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 273-09-6999		17. INFORMANT'S SIGNATURE OR NAME Loree A. Wells Funeral Home, Cleveland, Ohio			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute cerebral hemorrhage ANTECEDENT CAUSES DUE TO (b) General arteriosclerosis DUE TO (c) Man collapsed while sitting in a booth in a restaurant eating his dinner. There is no history of recent serious illness or disability.				INTERVAL BETWEEN ONSET AND DEATH 1 day unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 331X 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 22, 1954 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:50P m. , from the causes and on the date stated above.							
23a. SIGNATURE (Deceased or title) A. J. Munday, M.D.				23b. ADDRESS St. Joseph, Missouri		23c. DATE SIGNED 11/23/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Nov 23, 1954		24c. NAME OF CEMETERY OR CREMATORY Knollwood Cemetery Gates Mills, Ohio		24d. LOCATION (City, town, or county) (State) Cleveland, Ohio	
DATE REC'D BY LOCAL REG. Nov 29, 1954		REGISTRAR'S SIGNATURE Kathleen M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Clark Funeral Home, St. Joseph, Mo			

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

Handwritten signature

DEC 6 1954
DEC 7 1954

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
Student Embalmer

Signed Eric J. Chaney

Licensed Embalmer No. 4679

P. O. Address St Joseph, Mo

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 this body is not embalmed, fact should be so stated above.