

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3955**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **171**

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

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. 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"/>
c. LENGTH OF STAY (in this place) 8 years		e. STREET ADDRESS (If rural, give location) 1807 Mitchell Ave. 0110	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1807 Mitchell Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Daniel b. (Middle) H. c. (Last) Consolver		4. DATE OF DEATH (Month) (Day) (Year) February 4, 1955	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH February 28, 1892
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months Days	IF UNDER 14 RES. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) barber		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME James Consolver		13b. MOTHER'S MAIDEN NAME Mary Ann Higgins	14. NAME OF HUSBAND OR WIFE Ona M.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) yes W.W. #1		16. SOCIAL SECURITY NO. 500-36-2511	17. INFORMANT'S SIGNATURE OR NAME Mrs. Daniel Consolver, 1807 Mitchell, St. Joseph, Mo.
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) metastatic carcinoma INTERVAL BETWEEN ONSET AND DEATH 6 mo ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Ca of Prostate DUE TO (b) _____ 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 177X	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 Feb , 19 54 , to 4 Feb , 19 55 , that I last saw the deceased alive on 29 Jan , 19 55 , and that death occurred at 1:20 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE <i>Clara C. [Signature]</i>		23b. ADDRESS St. Joseph, Mo	23c. DATE SIGNED 8 Feb 55
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 2/6/1955	24c. NAME OF CEMETERY OR CREMATORY Long Branch Cemetery	24d. LOCATION (City, town, or county) (State) Darlington, Missouri
DATE REC'D BY LOCAL REG. Feb 15, 1955	REGISTRAR'S SIGNATURE Kathleen M. Allison	489	25. FUNERAL DIRECTOR'S SIGNATURE Heston - Bowman ADDRESS St. Joseph, Mo.

DEC 28 1955

Wm. Spelling

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 *William Spelling*

Licensed Embalmer No. *453*

P. O. Address *3195 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.