

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14697

State File No.

FILED MAY 31 1955

BIRTH NO. _____		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>525</u>
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>11 yrs</u>	c. CITY OR TOWN <u>St. Joseph</u>	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. <u>Methodist Hospital (Missouri)</u>		e. STREET ADDRESS (If rural, give location) <u>818 North 3rd Street</u>		
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MARY</u>	b. (Middle) <u>KATHERINE</u>	c. (Last) <u>KIER</u>
4. DATE OF DEATH		(Month) <u>May</u>	(Day) <u>23</u>	(Year) <u>1955</u>
5. SEX <u>Female</u>	6. COLOR (OR RACE) <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 9, 1891</u>	9. AGE (in years last birthday) <u>63</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Cook</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Public School</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Wood County, Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
13a. FATHER'S NAME <u>Jay Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Eunice Harmon</u>	14. NAME OF HUSBAND OR WIFE <u>Robert O. Kier</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>270-05-3797</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Robert O. Kier St. Joseph, Mo.</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>33IX</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>years</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 <u>May 10</u> , 19 <u>55</u> , to <u>May 23</u> , 1955, that I last saw the deceased alive on <u>May 23</u> , 19 <u>55</u> , and that death occurred at <u>4:15P m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Dr. L.H. Johnson</u>		(Degree or title) <u>M. D.</u>	23b. ADDRESS <u>St. Joseph, Missouri</u>	23c. DATE SIGNED <u>May 24, 1955</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>May 25, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Weston Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Weston Ohio</u>	
DATE REC'D BY LOCAL REG. <u>May 27, 1955</u>	REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>	<u>485</u>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stamey Funeral Home St. Joseph, Mo.</u>	

(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..... *Charles E. Bennett*

Licensed Embalmer No. *4672*

P. O. Address *St. Joseph*

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.