

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25413

State File No.

FILED AUG 29 1955

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 896

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>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Joseph</u>)		c. LENGTH OF STAY (in this place) township) <u>1 day</u>	c. CITY OR TOWN <u>Festus</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>		f. STREET ADDRESS (If rural, give location) <u>R. R. #3</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Genevieve N.</u> b. (Middle) <u>Umbdenstock</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>August 17, 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 28, 1924</u>
9. AGE (In years last birthday) <u>31</u>		10. AGE (In years last birthday) <u>31</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Crystal City, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Elmer Garden</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Hamil</u>		14. NAME OF HUSBAND OR WIFE <u>Raymond</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>498-12-8295</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Umbdenstock, Festus, Missouri</u>		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Injury received in automobile collision</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>accident</u> (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, school, office bldg., etc.) <u>Highway #36, Len Co.</u>	
21c. (CITY, TOWN, OR TOWNSHIP) <u>Rural, Marion Twsp., Buchanan Missouri</u> (COUNTY) (STATE)		21d. TIME OF INJURY <u>Aug. 17, 1955 10:15AM</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>automobile collision</u>	
22. I hereby certify that I attended the deceased from <u>viewed</u> on <u>August 17, 1955</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:45a.m.</u> , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>Acting Coroner</u>	
23b. ADDRESS <u>703 S. 13th, St. Joseph, Mo.</u>		23c. DATE SIGNED <u>8/17/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8/18/1955</u>	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Crystal City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Aug 22, 1955</u>		REGISTRAR'S SIGNATURE <u>Ethel M. Allison</u> 485-9	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Horton Bowman</u>		ADDRESS <u>St Joseph Mo</u>	

(Licensed Embalmers' 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.....
Richard D. Collins

Licensed Embalmer No. *4959*

P. O. Address *319 W. 10th St. St. Louis*

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.