

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1154

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. LENGTH OF STAY (In this place) 3 years	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"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. St. Josephs Hospital		e. STREET ADDRESS (If rural, give location) 820 N. 9th St.	

3. NAME OF DECEASED (Type or Print)	a. (First) HELEN	b. (Middle) BERNICE	c. (Last) CHURCH	4. DATE OF DEATH (Month) (Day) (Year) Oct. 30, 1955
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH Oct. 28, 1917	9. AGE (In years last birthday) 38	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) waitress	10b. KIND OF BUSINESS OR INDUSTRY Cafe	11. BIRTHPLACE (City and State or Foreign Country) Bolckow, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Dale Vanfossan	13b. MOTHER'S MAIDEN NAME Clara Davenport	14. NAME OF HUSBAND OR WIFE John B.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 497-14-4158	17. INFORMANT'S SIGNATURE OR NAME Mr. Dale Vanfossan, Bolckow, Missouri	ADDRESS Bolckow, Missouri
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) pt. had an attack while DUE TO (c) at work and was DOA		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. at the Hospital			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4/201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I ^{viewed} ~~examined~~ the deceased from **October 30, 1955**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **7:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Richard L. Maguin M.D.	(Degree or title)	23b. ADDRESS 1218 N. 34 St. Joseph Mo	23c. DATE SIGNED 10-30-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 10/1/1955	24c. NAME OF CEMETERY OR CREMATORY Walnut Grove Cemetery	24d. LOCATION (City, town, or county) (State) Andrew County, Missouri
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DATE REC'D BY LOCAL REG. Nov 1, 1955	REGISTRAR'S SIGNATURE Kathleen M. Allison	485	25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Bowman	ADDRESS St. Joseph Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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0.300
0.48

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 Richard E. Neikala....., Student Embalmer No...521..... working under my personal supervision.

Student...Richard E. Neikala.....
Signature of Student Embalmer

Signed...James A. Hawkins.....
Licensed Embalmer No...453.....

P. O. Address 319 So 10th.....

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.