

39725

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 28 1955

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1342

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>Dekalb</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph. Mo</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cameron</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D.O.A. Mo. Methodist Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Grand River Twn.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) _____ c. (Last) <u>Misenhelter</u>	4. DATE OF DEATH (Month) <u>3</u> (Day) <u>10</u> (Year) <u>1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 18, 1904</u>	9. AGE (In years (birthday) <u>51</u> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 28 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer &amp; Trucker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Cowgell Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Peter Misenhelter</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Wright</u>	14. NAME OF HUSBAND OR WIFE <u>Marie Misenhelter.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes. Navy 1926-1927</u>	16. SOCIAL SECURITY NO. <u>495 10 2417</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Marie Misenhelter</u> ADDRESS <u>Cameron. MO.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unattended</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4201</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) m.	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 attended the deceased from 12-8, 1953, that I examined the deceased at home, 1953, and that death occurred at 7:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Name or Title) <u>Richard L. Maguire M.D. assistant city health officer</u>	23b. ADDRESS <u>1218 No. 3rd St., St. Joseph, Mo.</u>	23c. DATE SIGNED <u>Dec. 8. 55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 10, 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lathrop Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lathrop, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec 23, 1955</u>	REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u> <u>485</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>DeMoss Crunk</u> ADDRESS <u>Cameron, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 25 1952

**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

*Laurence J. Thompson*

Licensed Embalmer No.

*41735*

P. O. Address

*Cambridge, Mass.*

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.