

FILED JAN 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

317

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 24

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) Lifetime		e. STREET ADDRESS (If rural, give location) 2343 Ashland Avenue 0117	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION D.D. at Tootle Nat'l Bank			

3. NAME OF DECEASED (Type or Print)	a. (First) Kenneth	b. (Middle) Stanley	c. (Last) Metcalf	4. DATE OF DEATH (Month) (Day) (Year) January 9th 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 9th 1907	9. AGE (In years last birthday) 48 Yrs	10. IF UNDER 1 YEAR Days	11. IF UNDER 15 HRS. Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teller: Tootle National Bank.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME W. S. Metcalf	13b. MOTHER'S MAIDEN NAME Dorais Smith	14. NAME OF HUSBAND OR WIFE Irene E. Metcalf
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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 none	16. SOCIAL SECURITY NO. 497-12-2291	17. INFORMANT'S SIGNATURE OR NAME Mrs. Irene E. Metcalf, CITY, ADDRESS 2343 Ashland A. ve.
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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 5 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Heart Disease DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	

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)	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 Feb, 1942, to Feb, 1955, that I last saw the deceased alive on Feb, 1955, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE E. F. Butler (Degree or title) M.D.	23b. ADDRESS St. Joseph - Brumm - Knapp Clinic	23c. DATE SIGNED 1-9-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) (Burial)	24b. DATE Jan. 11th 1956	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.
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DATE REC'D BY LOCAL REG. Jan 10, 1956	REGISTRAR'S SIGNATURE Eather M. Allison 485	25. FUNERAL DIRECTOR'S SIGNATURE Meierhoffer & Roman ADDRESS St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 17 1958

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 *Edward C. Harrington*

Licensed Embalmer No.. 3258..

P. O. Address... St. Joseph, M...

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.