

FILED JAN 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 321

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 69

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 (If outside corporate limits, write RURAL and give township) OR TOWN Rural Platte TWP.	
c. LENGTH OF STAY (In this place) 30 min.		d. STREET ADDRESS (If rural, give location) R.F.D. No. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION 706 Francis St. Phys. & Surg. Bldg.			

3. NAME OF DECEASED (Type or Print) Maevilla			a. (First)	b. (Middle)	c. (Last) Mumford	4. DATE OF DEATH (Month) (Day) (Year) Jan. 17 1956				
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 10-1870		9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife			10b. KIND OF BUSINESS OR INDUSTRY House Wife.			11. BIRTHPLACE (State or foreign country) Edgerton, Mo.			12. CITIZEN OF WHAT COUNTRY? USA.	

13a. FATHER'S NAME Benton Potts		13b. MOTHER'S MAIDEN NAME Mary Dick		14. NAME OF HUSBAND OR WIFE R.L. Mumford	
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Reed Mumford St. Joseph, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		DUE TO (b) Coronary Sclerosis			5 min.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Arteriosclerosis			unknown	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201			unknown	

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) (Min.)		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 Jan. 17, 1956, to Jan. 17, 1956, that I last saw the deceased alive on Jan. 17, 1956, and that death occurred at 2:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Allen S. Herman M.D.		23b. ADDRESS 706 Francis St., St. Joseph, Mo.		23c. DATE SIGNED 1/20/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Jan. 20-1956		24c. NAME OF CEMETERY OR CREMATORY No. 6 Cemetery	
		24d. LOCATION (City, town, or county) Buchanan Co.		(State) Mo.	

DATE REC'D BY LOCAL REG. Jan 23, 1956		REGISTRAR'S SIGNATURE Esther M. Allison 485		EMBALLER'S SIGNATURE John H. Murray Lower Mo.		ADDRESS	
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(Licensed Embalmer's Signature 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 M

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed John H. Murray

Licensed Embalmer No. 2893

P. O. Address Laver, Mo

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.