

FILED FEB 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **350**

42

PRIMARY REG. DIST. NO. **1000**Registrar's No. **114**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
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) 60 Yrs		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 503 North 11th Street				e. STREET ADDRESS (If rural, give location) 503 North 11th Street 01170				
3. NAME OF DECEASED (Type or Print) a. (First) Minnie			b. (Middle) Ethel		c. (Last) Seals		4. DATE OF DEATH (Month) (Day) (Year) January 30-1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 3 Divorced	8. DATE OF BIRTH June 13-1889		9. AGE (In years last birthday) 66 Yrs	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework - employed in homes.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Chillicothe, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Aaron Little		13b. MOTHER'S MAIDEN NAME Carrie Womack		14. NAME OF HUSBAND OR WIFE Cleveland				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give year or date of service) none		17. INFORMANT'S SIGNATURE OR NAME (son) ADDRESS James A. Seals, 503 North 11th Street				
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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary sclerosis				DUE TO (b) Coronary sclerosis				1 hr
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Intestinal obstr								yes
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								2-3 da
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				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) m.		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 1-20, 1956 , to 1-30-1956 , that I last saw the deceased alive on D.O.B. , 19____, and that death occurred at 7:45a m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) McGrath M.D.				23b. ADDRESS At 920th St		23c. DATE SIGNED 1-31-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) (Removal)		24b. DATE Feb. 2nd 1956	24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery		24d. LOCATION (City, town, or county) (State) Albany, Missouri.			
DATE REC'D BY LOCAL REG. Feb 3, 1956		REGISTRAR'S SIGNATURE Roscoe M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE 485 J. C. Meierhoffer		ADDRESS St. Joseph, Mo.		

(Licensed Embalmer's 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 *Raymond W. Marchese*.....

Licensed Embalmer No.....4413..

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.