

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15600**BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **544**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Iowa b. COUNTY Stoy	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN Maxwell	
c. LENGTH OF STAY (In this place) 2 Wks		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 Missouri Methodist Hospital		e. STREET ADDRESS (If rural, give location) address not given	
3. NAME OF DECEASED a. (First) Lois (Type or Print)		b. (Middle) Edna	
c. (Last) Deming		4. DATE OF DEATH (Month) (Day) (Year) May 14th 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH August 7-1900
9. AGE (In years last birthday) 55 Yrs		10. IF UNDER 1 YEAR Months Days IF UNDER 11 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife, at home		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Anthony, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Loren S. Deming		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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Loren S. Deming, Maxwell, Iowa	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary thrombosis INTERVAL BETWEEN ONSET AND DEATH 24 hrs ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Varicose veins DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS (1) Cor pulmonale due to pulmonary emphysema - congestive failure Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary emphysema INTERVAL BETWEEN ONSET AND DEATH unknown terminal	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION H60X	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 5-13 , 19 56 , to 5-14 , 19 56 , that I last saw the deceased alive on 5-13 , 19 56 , and that death occurred at 5:00a m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) William H. Conner M.D.		23b. ADDRESS St. Joseph, Mo.	
23c. DATE SIGNED 5-15-56		24. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
24a. BURIAL, CREMATION, REMOVAL (Specify) (Burial)		24b. DATE May 17-1956	
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Lothar M. Allison	
24e. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE May 22, 1956		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lothar M. Allison, St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

300
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, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Raymond W. Moore*

Licensed Embalmer No. 4

P. O. Address *Sikeston*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.