

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15631

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 543

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>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Joseph</u>		c. CITY OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (In this place township) <u>47 Yrs</u>		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 <u>Missouri Methodist Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>3314 Sacramento Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frances</u> b. (Middle) <u>—</u> c. (Last) <u>Jaminet</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 13th 1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan. 18th 1895</u>
9. AGE (In years last birthday) <u>61 Yrs</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Tobens Port, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Marlin S. Cockrell</u>		13b. MOTHER'S MAIDEN NAME <u>Phebe unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Arthur Jaminet</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Arthur Jaminet, 3314 Sacramento, Str</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Dis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Asthma</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	
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)		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 <u>5-6</u> , 1956, to <u>5-13</u> , 1956, that I last saw the deceased alive on <u>5-12</u> , 1956, and that death occurred at <u>11:10 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Dr. H. T. Faison M.D.</u>		23b. ADDRESS <u>St. Joseph Mo</u>	
23c. DATE SIGNED <u>5-15-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) (Burial)	
24b. DATE <u>May 15 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bethel M. Allison</u> <u>St. Joseph, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 22, 1956</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bethel M. Allison</u> <u>St. Joseph, Mo.</u>	

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

(Licensed Embalmer's Statement of Reverse Side)

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 K. H. [Signature]*

Licensed Embalmer No. 4

P. O. Address..... *[Signature]*

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.