

STANDARD CERTIFICATE OF DEATH

State File No. **19626**
 Registrar's No. **748**

FILED JUL 16 1956
 BIRTH NO. **44142-56** REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

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| 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) 1912 N. 22nd Street | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) John | b. (Middle) Doyle | c. (Last) Emerson | 4. DATE OF DEATH (Month) (Day) (Year) July 8, 1956. |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married | 8. DATE OF BIRTH July 7, 1956. |
| 9. AGE (In years last birthday) | | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours Min. 3 15 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | |

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| 13a. FATHER'S NAME William S. Emerson | 13b. MOTHER'S MAIDEN NAME Jane Barrow | 14. NAME OF HUSBAND OR WIFE |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME William S. Emerson |
| | | ADDRESS St. Joseph, Mo. |

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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, asthenia, 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) Premature | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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) St Joseph Buchanan Mo |
| 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 **7-7-56**, 19**56**, to **7-7-56**, 19**56**, that I last saw the deceased alive on **7-7-56**, 19**56**, and that death occurred at **12:15A** m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) H. E. Petersen M.D. | 23b. ADDRESS St Joseph Mo | 23c. DATE SIGNED 7-10-56 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE July 9, 1956 | 24c. NAME OF CEMETERY OR CREMATOR Memorial Park Cemetery |
| | | 24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri |

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| DATE REC'D BY LOCAL REG. July 13, 1956 | REGISTRAR'S SIGNATURE Kathleen M. Olson | 25. FUNERAL DIRECTOR'S SIGNATURE Meierhoffer - Silberman | ADDRESS St. Joseph, Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

850

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 *Elmer C. Farrington*
Licensed Embalmer No. 3258.....

P. O. Address St. Joseph, ..

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.