

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **19638**

FILED JUL 2 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **697**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>5th St. Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY OR TOWN <b>St. Joseph</b>	d. 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) <b>Life</b>		e. STREET ADDRESS (If rural, give location) <b>724 North 5th Street. 01176</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Alice</b>		b. (Middle) <b>M.</b>	
		c. (Last) <b>Hartigan.</b>	
		4. DATE OF DEATH (Month) (Day) (Year) <b>June 23, 1956</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single.</b>	8. DATE OF BIRTH <b>December 16, 1872</b>
		9. AGE (In years last birthday) <b>83</b>	10. IF UNDER 1 YEAR Months _____ Days _____
		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Joseph, Missouri.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None.</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	
13a. FATHER'S NAME <b>James W. Hartigan.</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Reardon.</b>	
14. NAME OF HUSBAND OR WIFE <b>none</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs A.J. Ready.</b>		ADDRESS <b>2415 Felix Street.</b>	
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 <b>St. Joseph, Mo.</b> <b>Coronary Heart Dec.</b> <b>Diaphragmatic Hernia</b> <b>Hypertensive Pneumonia</b> <b>terminal</b>	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND DEATH <b>?</b>	
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.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	
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 <b>6-13, 1956</b> to <b>6-23, 1956</b> that I last saw the deceased alive on <b>6-23, 1956</b> and that death occurred at <b>9:45p m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Dr. F. H. Ferguson M.D.</b>		23b. ADDRESS <b>St. Joseph Mo</b>	
		23c. DATE SIGNED <b>6-25-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial.</b>		24b. DATE <b>June 26, 56</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>June 26, 1956</b>		REGISTRAR'S SIGNATURE <b>Edward M. Allison</b>	
FUNERAL DIRECTOR'S SIGNATURE <b>Herman W. Sinden</b>		ADDRESS <b>St. Joseph Mo</b>	

1956 AUG 8  
1956 AUG 14

1956 AUG 6

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 *Herman W. Sidenfaden*

Licensed Embalmer No. 2728.e.

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.