

FILED JUL 16 1956

STANDARD CERTIFICATE OF DEATH

State File No. 19660

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 732

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) St. Joseph		c. LENGTH OF STAY (In this place) 8 yrs		c. CITY OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION 110 South 12th St.,		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
		• STREET ADDRESS (If rural, give location) 110 South 12th St.,		01170	

3. NAME OF DECEASED (Type or Print) a. (First) EVERT		b. (Middle) ALONZO		c. (Last) METCALF		4. DATE OF DEATH (Month) (Day) (Year) JUNE 30, 1956	
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5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH March 16, 1884		9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months Days		IF UNDER 10 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merchant				10b. KIND OF BUSINESS OR INDUSTRY General Store				11. BIRTHPLACE (City and State or Foreign Country) Forbes, Missouri				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME George Thomas Metcalf			13b. MOTHER'S MAIDEN NAME Mary Catherine Scott			14. NAME OF HUSBAND OR WIFE Pearl Metcalf		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 487-34-8947A		17. INFORMANT'S SIGNATURE OR NAME Pearl Metcalf, 110 So. 12th St., St. Joseph, Mo.				ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION Mo.						INTERVAL BETWEEN ONSET AND DEATH 1/2 hr	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident							
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) signed as an unattended death in the City of St. Joseph, Mo.							
		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 331x						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I ^{viewed} ~~attested~~ the deceased from **June 30, 1956** to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **7:30P** m., from the causes and on the date stated above.

23a. SIGNATURE Richard L. Maguin M.D.		(Doctor or title)		23b. ADDRESS Phy & Surg Bldg., St. Joseph, Mo.		23c. DATE SIGNED 6-30-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE July 2, 1956		24c. NAME OF CEMETERY OR CREMATORY Maple Grove Cemetery		24d. LOCATION (City, town, or county) (State) Oregon, Mo.	
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DATE REC'D BY LOCAL REG. July 9, 1956		REGISTRAR'S SIGNATURE Lochner M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE James H. Pettigrew		ADDRESS Oregon Mo	
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(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 *James H. Pettigrew*
Licensed Embalmer No. *3192*
P. O. Address *Oregon*

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.