

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22832

State File No.

FILED AUG 13 1956

837

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

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"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Josephs Hospital		e. STREET ADDRESS (If rural, give location) 2321 So. 4th St.	

3. NAME OF DECEASED (Type or Print) ALMA	a. (First)	b. (Middle) E. LOFTS	c. (Last) CANNON	4. DATE OF DEATH July 24, 1956
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 24, 1913	9. AGE (In years last birthday) 43	if UNDER 1 YEAR Months	if UNDER 24 HRS. Days	if UNDER 1 HRS. Hours	if UNDER 15 Min. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	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 Thay Barnes	13b. MOTHER'S MAIDEN NAME Myrtle Woodard	14. NAME OF HUSBAND OR WIFE William T.
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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. unknown	17. INFORMANT'S SIGNATURE OR NAME Mr. William Cannon, 2321 S. 4th 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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GASTROINTESTINAL HEMORRHAGE		INTERVAL BETWEEN ONSET AND DEATH 3 DAYS
	ANTECEDENT CAUSES DUE TO (b) CIRROSIS OF LIVER		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			6 MONTHS.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	5810	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)	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 attended the deceased from July 6, 1956, to July 24, 1956, that I last saw the deceased alive on July 24, 1956 and that death occurred at 11:30p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>James H. Pfeiffer, M.D.</i>	(Degree or title) of 23b. ADDRESS 1302 Faram St., St. Joseph Mo.	23c. DATE SIGNED 7-26-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7/27/1956	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
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DATE REC'D BY LOCAL REG. Aug 10, 1956	REGISTRAR'S SIGNATURE <i>Ethel M. Allison</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Hester-Bourman</i>	ADDRESS St. Joseph Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *James P. Hawkins*

Licensed Embalmer No. *4536*

P. O. Address *319 So 10th St*

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.