

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 6 - 1956

State File No. **22841**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **826**

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 type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 Da		e. STREET ADDRESS (If rural, give location) RPD # 5 Center Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 634 So. 7th St.			

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) Vincent c. (Last) Derks			4. DATE OF DEATH (Month) (Day) (Year) Aug. 3, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 22, 1904	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Commision		10b. KIND OF BUSINESS OR INDUSTRY Live Stock	11. BIRTHPLACE (City and State or Foreign Country) Clyde, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Derks		13b. MOTHER'S MAIDEN NAME Katherine Downey		14. NAME OF HUSBAND OR WIFE Mary Derks	
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. 486-05-8892		17. INFORMANT'S SIGNATURE OR NAME Mary Derks ADDRESS RPD # 5 St. Joseph, Mo.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure		INTERVAL BETWEEN ONSET AND DEATH 4 days
	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. Chronic alcoholic		

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) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4341	
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?	

22. I hereby certify that I attended the deceased from **Aug 1**, 1956, to **Aug 2**, 1956, that I last saw the deceased alive on **8-2**, 1956 and that death occurred at **6:00a** m., from the causes and on the date stated above.

23a. SIGNATURE B. W. Tadlock M.D. (Degree or title)		23b. ADDRESS 2727 Julia St., City		23c. DATE SIGNED Aug 3	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 6, 1956		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	

DATE REC'D BY LOCAL REG. Aug 3, 1956	REGISTRAR'S SIGNATURE Father M. Allison	FUNERAL DIRECTOR'S SIGNATURE Herman ...	ADDRESS St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

485

703 So 13
2727 Yukon

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.....
Licensed Embalmer No. 3308.....

P. O. Address..St. Joseph, Mo.

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.