

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **26079**

FILED AUG 27 1956

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 907	
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. LENGTH OF STAY (in this place) 43 yrs		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 1105 HENRY ST.				e. STREET ADDRESS (If rural, give location) 1105 HENRY ST.			
3. NAME OF DECEASED (Type or Print) a. (First) ROSA		b. (Middle) LENA		c. (Last) JUHL		4. DATE OF DEATH (Month) (Day) (Year) JULY 19, 1956	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH JAN. 29, 1885	
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK			10b. KIND OF BUSINESS OR INDUSTRY HOUSEKEEPING			11. BIRTHPLACE (City and State or Foreign Country) WATHENA, KANSAS	
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME ANDREW JUHL			13b. MOTHER'S MAIDEN NAME ELLEN CODY			14. NAME OF HUSBAND OR WIFE -	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. -			17. INFORMANT'S SIGNATURE OR NAME ADDRESS MR. HENRY JUHL, WATHENA, KANSAS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		DUPLICATE					-
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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					
		DUE TO (c) death in the city of St. Joseph					
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					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
							4 201
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) (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 viewed the deceased from July 19, 1956 , to July 20, 1956 , that I saw the deceased alive on July 19, 1956 , and that death occurred at approximately 2-3 days before 11:00 a.m. , from the causes and on the date stated above.							
23. SIGNATURE (Name or Title) Richard L. Maguire, M.D., Health Officer			23b. ADDRESS Phys + Surg Bldg 216, City			23c. DATE SIGNED July 20, 56	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE JULY 19, 1956		24c. NAME OF CEMETERY OR CREMATORY BELLEMONT CEMETERY		24d. LOCATION (City, town, or county) (State) WATHENA, KANSAS	
DATE REC'D BY LOCAL REG. Aug 22, 1956		REGISTRAR'S SIGNATURE Kathleen M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HARMAN FUNERAL HOME, WATHENA, KANSAS			

(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 *Charles M. Harma*

Licensed Embalmer No. *448*

P. O. Address *Waltham*

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.