

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26118

State File No.

S. No. 500
v. 10-48

FILED SEP 4 1956

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 937

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

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 OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 7 1/2 years		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 Memorial Home 1120 Main St.		e. STREET ADDRESS (If rural, give location) 1120 Main St.	
3. NAME OF DECEASED (Type or Print) a. (First) CLARA b. (Middle) HENRIETTA c. (Last) STACK		4. DATE OF DEATH (Month) (Day) (Year) August 26, 1956	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 9, 1871
9. AGE (In years last birthday) 84		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) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) Somerda, Germany
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William Kahl Schmidt	
13b. MOTHER'S MAIDEN NAME Laura Roesaler		14. NAME OF HUSBAND OR WIFE Dennis O. Stack	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Rosa Threinan ADDRESS 6732-14th Ave. Kenosha,			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH Instant	
ANTECEDENT CAUSES		year _____	
*This does not mean the mode of dying, such as heart failure, athermia, etc. It means the disease, injury, or complication which caused death.		14 years to my knowledge	
DUE TO (b) Coronary sclerosis			
DUE TO (c) arterio sclerosis general hypertension, cholesterolosis varicose vein of extremities			
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 4201	
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 (Month) (Day) (Year) (Hour) (Minute) OF INJURY		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 3, 1942 , to Aug 26, 1956 , that I last saw the deceased alive on Aug 19, 1956 , and that death occurred at 10:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE M. Dennis M.D. (Degree or title)		23b. ADDRESS St. Joseph Mo	
23c. DATE SIGNED 8-28-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 8/30/56	
24c. NAME OF CEMETERY OR CREMATORY Mount Mora Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. Aug. 30, 1956		REGISTRAR'S SIGNATURE Esther M. Allison	
5. FUNERAL DIRECTOR'S SIGNATURE Hester Bowman		ADDRESS St. Joseph Mo	

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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 *William Spudis*.....

Licensed Embalmer No. *4535*.....

P. O. Address *3195 10th St, Bldg*.....

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.