

FILED OCT 1 - 1956

STANDARD CERTIFICATE OF DEATH

29870

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1035

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, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hovey Nursing Home 110 So. 10th St.			Length of stay in 1b most of life		d. STREET ADDRESS (If outside, give location) 110 S. 10th St.		
3. NAME OF DECEASED (Type or print) KATE L. CHURCHILL				4. DATE OF DEATH Month Day Year Sept. 20, 1956			
5. SEX female		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH unknown	
9. AGE (In years last birthday) 87		10. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and state or country) Grant City, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife				13. FATHER'S NAME William Hathaway			
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. none		17. INFORMANT Address Mrs. J. W. McVey, 5335 Sawyer, St. Joseph, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Bronchial Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Senile Dementia Psychosis DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH 3 days 4 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		20g. COUNTY STATE	
21. I attended the deceased from 9/14/56 to 9/20/56 and last saw her alive on 9/19/56 Death occurred at 2:45p. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) H. F. Mundy				22b. ADDRESS 2801 Sacramento St. Joseph, Mo.		22c. DATE SIGNED 9/21/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 9/25/1956		23c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
24. FUNERAL DIRECTOR Deaton Bowman				25. DATE RECD. BY LOCAL REG. Sept 26, 1956		26. REGISTRAR'S SIGNATURE Kathleen M. Allison	

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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 Spedding*

Licensed Embalmer No. *45-35*

P. O. Address *3195 10th*

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.