

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29911**

FILED OCT 15 1956

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1075**

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"/>
c. LENGTH OF STAY (in this place) 8 yrs.		e. STREET ADDRESS (If rural, give location) 502 No. 6th, St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 502 No. 6th, St.			

3. NAME OF DECEASED (Type or Print) a. (First) MELISSA b. (Middle) ANNA c. (Last) MOGER			4. DATE OF DEATH (Month) (Day) (Year) Oct. 1, 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 18, 1888	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days 0 0 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Rulo, Nebraska		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Alex Tanner	13b. MOTHER'S MAIDEN NAME Mary Harmon	14. NAME OF HUSBAND OR WIFE Obed
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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 Social Welfare Record-Bt. Joseph, Mo	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident		DUPLICATE OF (a) Cerebral vascular accident		—
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (b) signed as a city death, unattended by a physician in St. Joseph, Mo.		
DUPLICATE OF (c) by a physician in St. Joseph, Mo.		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"/>
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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)	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 ^{viewed} ~~attended~~ the deceased from **10-1**, 19**56**, to _____, 19____, that I ~~last~~ ^{first} saw the deceased alive on _____, 19____, and that death occurred at **12:30 AM**, from the causes and on the date stated above.

23a. SIGNATURE Richard L. Maguire M.D. Registrar	23b. ADDRESS Phys + Surg Bldg 216, St. Joseph, Mo	23c. DATE SIGNED 10-3-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Oct. 4, 1956	24c. NAME OF CEMETERY OR CREMATORY Clarksdale Cemetery	24d. LOCATION (City, town, or county) (State) Clarksdale, Mo.
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DATE REC'D BY LOCAL REG. Oct 8, 1956	REGISTRAR'S SIGNATURE Cathleen M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE Barry-Harman	ADDRESS St. Joseph, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Charles M. Harman*

Licensed Embalmer No. *4487*

P. O. Address *Waltham, Mass.*

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.