

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37077

FILED DEC 10 1956

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1293

Health,
Welfare
Public
Service

300
1-56

doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Methodist Hospital		d. STREET ADDRESS R.R. #2	
3. NAME OF DECEASED (Type or print) First MIDDLE LAST ARETTA CONGER		4. DATE OF DEATH Month Day Year Dec. 4 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 28, 1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Andrew County Missouri
13. FATHER'S NAME Thomas Benton Lynch		14. MOTHER'S MAIDEN NAME Emmer Cecil Ragland	
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 Mr. Lester A. Conger 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) <u>Cerebral concussion and multiple hemorrhages and contusions of brain of punctate type 1; severe</u> DUE TO (b) <u>severe scalp laceration with hemorrhage & shock</u> DUE TO (c) <u>severe fracture skull (all due to head injury)</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Multiple contusions - 18 hours duration</u>			INTERVAL BETWEEN ONSET AND DEATH <u>18 hours</u> <u>18 hours</u> <u>18 hours</u>
20a. ACCIDENT <input checked="" 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.) <u>Pt. fell down a flight of steps at home when getting up in middle of night to go to bath room - struck head severely</u>		
20c. TIME OF INJURY Hour Month, Day, Year <u>1 a. m. Dec. 4, 1956</u>	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Rte. #2, St. Joseph, Buchanan, Mo.</u>		
21. I attended the deceased from <u>16 June 1950</u> to <u>4 Dec. 1956</u> and last saw <u>her</u> alive on <u>4 Dec. '56</u> Death occurred at <u>6:55P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Thompson P. Potter, M.D.</u>		22b. ADDRESS <u>731 Farrow St. St. Joseph, 54, Mo.</u>	
22c. DATE SIGNED <u>12-5-56</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE <u>12-6-56</u>	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph Missouri
24. FUNERAL DIRECTOR <u>Stamps Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>Dec. 7, 1956</u>	26. REGISTRAR'S SIGNATURE <u>Cather M. Allison</u>

(Licensed Embalmer's Statement on Reverse Side)

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 E. Bennett*

Licensed Embalmer No. *46*

P. O. Address *St. Joseph*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.