

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

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

40585

STATE FILE NUMBER

FILED DEC 31 1956

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1354

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) TOWN St. Joseph Inside Limits Yes ☒ No ☐				c. CITY OR TOWN St. Joseph 01170 Inside Limits Yes ☒ No ☐			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Methodist Hospital 64 Length of stay in 1b				d. STREET ADDRESS 722 N. 22nd Street (If outside, give location) Reside on Farm Yes ☐ No ☒			
3. NAME OF DECEASED (Type or print) First Middle Last Clara Albus				4. DATE OF DEATH December 14, 1956 Month Day Year			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐		8. DATE OF BIRTH March 22, 1867	
9. AGE (In years last birthday) 89		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) Davenport, Iowa.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Louis Hanssen				14. MOTHER'S MAIDEN NAME Louise (Unknown)			
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 Mr. John Albus Address Independence, Missouri	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Small Strokes & Terminal Bronchopneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis - DUE TO (c) Recent Fract. Hip & Open reduction PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Senility -						INTERVAL BETWEEN ONSET AND DEATH 3 days yrs	
20a. ACCIDENT ☐		SUICIDE ☐		HOMICIDE ☒		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 ☐ NOT WHILE AT WORK ☐					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 11-19-56 to 12-14-56 and last saw her alive on 12-14-56 Death occurred at 11:20 AM on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Robert H. Kiehl, M.D. (Doctor of Medicine)				22b. ADDRESS St. Joseph, Mo.		22c. DATE SIGNED 12-17-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 15, 1956		23c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.	
24. FUNERAL DIRECTOR Meierhoffer-Fleeman, Inc. St. Joseph, Mo.				25. DATE RECD. BY LOCAL REG. Dec 21 1956		26. REGISTRAR'S SIGNATURE Esther M. Allison	

(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 *Robert C. Herring*
Licensed Embalmer No...325

P. O. Address St...Jose

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.