

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10587
STATE FILE NUMBER

FILED DEC 24 1956

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1349

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 MO. b. COUNTY BUCHANAN			
b. CITY (If outside corporate limits, give TOWNSHIP only) ST. JOSEPH,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ST. JOSEPH		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) 218 King Hill Ave. HOME				d. STREET ADDRESS (If outside, give location) 5218 King Hill Ave.			
3. NAME OF DECEASED (Type or print) MARY				First MARY		Middle SATENIG	
				Last ANNIGIAN		4. DATE OF DEATH Dec. 17, 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 Jan. 1, 1902	
				9. AGE (In years last birthday) 54		10. IF UNDER 1 YEAR Months _____ Days _____ 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 AT HOME		11. BIRTHPLACE (City and state or country) Constantinople Turkey	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Not known				14. MOTHER'S MAIDEN NAME Not known			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT Anahed Annigian			
				Address 5218 King Hill Ave. City St. Joseph, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DISEASE WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL APOPLEXY (MASSIVE)						INTERVAL BETWEEN ONSET AND DEATH 38 HOURS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
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		COUNTY STATE	
21. I attended the deceased from DEC. 16, 1956 to DEC. 17, 1956 and last saw her alive on DEC. 17, 1956 Death occurred at 12:30p m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>E. M. Allison</i>				22b. ADDRESS 5105 KING HILL AVE. ST. JOSEPH, 48, MO.		22c. DATE SIGNED DEC. 17, 1956	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 19, 56		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
24. FUNERAL DIRECTOR Clark Funeral Home				25. DATE RECD. BY LOCAL REG. Dec. 21, 1956		26. REGISTRAR'S SIGNATURE <i>E. M. Allison</i>	

(Licensed Embalmer's Statement on Reverse Side)

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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 Paul Clark....., Student Embalmer No. 539 working under my personal supervision..

Student Paul F. Clark
Signature of Student Embalmer

Signed Earl A. Clark.....

Licensed Embalmer No. 42

P. O. Address St. Joseph

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