FILED JAN 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40631
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1391

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Inside Limits Yes ✓ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 523 So. 8th St. — Length of stay in Hospital 15 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph 0117 — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location) 523 So. 8th St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: JOHN Middle: J. Last: JOICE

4. DATE OF DEATH Month: Dec. Day: 27 Year: 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: June 26, 1882
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (City and state or country): Near Bigelow Missouri
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Harvey A. Joice
14. MOTHER'S MAIDEN NAME: Hattie H. Kilso

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: George Joice Address: St. Joseph, Mo.

MEDICAL CERTIFICATION

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 Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — Unk.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Chronic Asthma 4500
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

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 a. m. p. m. Month, Day, Year
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 12/26/56 to 12/27/56 and last saw him alive on 12/27/56
Death occurred at 6:15 P 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 MD
22b. ADDRESS 2801 Sacramento St. Joseph, Missouri
22c. DATE SIGNED 12/28/56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-29-56
23c. NAME OF CEMETERY OR CREMATORY: Odd Fellows Public Cemetery
23d. LOCATION (City, town, or county) (State): St. Joseph Missouri

24. FUNERAL DIRECTOR: Stanley Funeral Home ADDRESS: St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: Jan 3, 1957
26. REGISTRAR'S SIGNATURE: Esther M. Allison

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

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.