FILED FEB 4 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

385

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 5132 Registrar's No. 89

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 Wayne Twsp. Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Rural -Wayne Twsp. 0 110 Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Rt. # 8, St. Joseph Life Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Rt. # 8, St. Joseph Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First SAMUEL Middle Last EMBERY

4. DATE OF DEATH Month January Day 24 Year 1957

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐ 0

8. DATE OF BIRTH Jan.17,1888

9. AGE (In years last birthday) 69 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) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (City and state or country) Buchanan Co., Mo. 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Merrill Embery

14. MOTHER'S MAIDEN NAME Mary Shirley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes give wds or dates of service) W.W. #1

16. SOCIAL SECURITY NO. None

17. INFORMANT Daniel Ebling, Rt. # 8, St. Joseph Mo. Address

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) Arteriosclerotic heart disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) General Arteriosclerosis

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH unknown years.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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~~ viewed the deceased from JAN 24, 1957, to _____ and last saw her/him alive on _____

Death occurred at 11:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) S. E. Meleney M.D. Coroner 0

22b. ADDRESS 214 Kirkpatrick Bldg St Joseph 8, Mo

22c. DATE SIGNED 1-25-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 1-27-1957

23c. NAME OF CEMETERY OR CREMATORY Kerlin Cemetery

23d. LOCATION (City, town, or county) (State) Halls, Missouri

24. FUNERAL DIRECTOR [signature] ADDRESS St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG. Jan 30, 1957

26. REGISTRAR'S SIGNATURE Esther M. Allison

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

FEB 4 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 39

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.