

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3743

STATE FILE NUMBER

FILED FEB 18 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 137

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) Inside Limits OR Yes/ No <input type="checkbox"/> TOWN St. Joseph		c. CITY OR TOWN St. Joseph <i>only</i> Inside Limits Yes/ No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 512 Shady Ave.		d. STREET ADDRESS (If outside, give location) 512 Shady Ave. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
Length of stay in 1b 30 yrs			

3. NAME OF DECEASED (Type or print) First MAMIE Middle D. Last COLHOUR			4. DATE OF DEATH Month Day Year Feb. 5 1957			
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 October 20, 1876	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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) Nodaway Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME Michael Chronister			14. MOTHER'S MAIDEN NAME Clara Kimball			
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 Mrs. M. A. Schaeffer Address Hyattsville, Md.			

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>CARDIAC DECOMPENSATION</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 WEEKS</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u>			UNKNOWN
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	20g. COUNTY STATE

21. I attended the deceased from JAN 28, 1957, to FEB 5, 1957 and last saw her <sup>her</sup> <del>her</del> alive on JAN 28, 1957 Death occurred at 11:15P m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>Sumner W. B. M. D.</u> (Degree or title)	22b. ADDRESS <u>1302 Parson St. St. Joseph Mo.</u>	22c. DATE SIGNED <u>2-7-57</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-8-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Joseph Missouri</u>
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24. FUNERAL DIRECTOR <u>Stoney Funeral Home St. Joseph, Mo.</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>Feb. 11, 1957</u>	26. REGISTRAR'S SIGNATURE <u>Evelyn M. Allison</u>
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms or signs of diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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 *George K. Kerley*.....

Licensed Embalmer No. *473*

P. O. Address *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.