

Health, Welfare, Public Service
300
-56
All 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
Doctor, Coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed.

FILED MAR 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3749

STATE FILE NUMBER

220

Registration District No. 42

Primary Registration District No. 1000

Registrar's No.

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 St. Joseph Inside Limits Yes ☒ No ☐				c. CITY OR TOWN St. Joseph Inside Limits Yes ☒ No ☐			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hillside Nursing Home Length of stay in lb 40 yrs				d. STREET ADDRESS (If outside, give location) 1306 Sycamore St. Reside on Farm Yes ☐ No ☒			
3. NAME OF DECEASED (Type or print) MANDAVILLE First B. Middle DEPUTY Last				4. DATE OF DEATH Feb. 20, 1957 Month Day Year			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐		8. DATE OF BIRTH Oct. 30, 1872 84	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Engineer		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) Seymour, Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Zeechariah Deputy				14. MOTHER'S MAIDEN NAME Elizabeth Barnes			
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 Address Oral Deputy, 1306 Sycamore St. City	
18. CAUSE OF DEATH [Enter only one cause per line (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Accidents, Recurrent. DUE TO (b) Old Hypertension DUE TO (c) Arteriosclerosis Gen PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Cardiac Decompensation Myocardial Infarction						INTERVAL BETWEEN ONSET AND DEATH Several wks 1/2 yrs 1/2 yrs.	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 331X			
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 1-28-57 to 2-20-57 and last saw ^{him} alive on 2-18-57 Death occurred at 2:00 a m on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE Robert M. Keefe, M.D. 22b. ADDRESS St. Joseph, Mo 22c. DATE SIGNED 2-22-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 22, 57		23c. NAME OF CEMETERY OR CREMATORY Home Cemetery		23d. LOCATION (City, town, or county) (State) Tarkio, Mo.	
24. FUNERAL DIRECTOR ADDRESS Clark Funeral Home St. Joseph, Mo.				25. DATE RECD. BY LOCAL REG. Mar. 6, 1957		26. REGISTRAR'S SIGNATURE Ethel M. Allison	

(Licensed Embalmer's Statement on Reverse Side)

Embalmer

Embalmer

x

x

Feb. 20, 1957

DEPUTY

B.

MANDALAY

Oct. 30, 1955

x

MAY 1957

Male

U.S.A.

Indian

Railroad

Res. Engineer

Elizabeth Barnes

Deputy

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 *Embalmer*

Licensed Embalmer No. 423

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.