

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3752

STATE FILE NUMBER

FILED FEB 18 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 155

Health, Welfare Public Service

0119  
300  
1-56

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

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Joseph</b>		"Inside Limits" Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>State Hospt. #2</b>		Length of stay in lb <b>4 1/2 yrs.</b>	d. STREET ADDRESS <b>2301 South 10th St.,</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>First Ida Middle May Last Dunn</b>			4. DATE OF DEATH <b>Month Feb. 12, 1957 Day Year</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 26, 1870</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home making</b>	11. BIRTHPLACE (City and state or country) <b>Lockhaven, Pennsylvania</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Charles McPherson</b>			14. MOTHER'S MAIDEN NAME <b>Unknown Crider</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mrs. Ella Wagy (dau.) St. Joseph, Mo.</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Emaciation (Extreme)</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Debilitated State</b> DUE TO (c) <b>Old Age</b>					INTERVAL BETWEEN ONSET AND DEATH <b>794X</b>
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.) <b>2</b>		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____					
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 <b>Nov. 15, 1956</b> to <b>Feb. 12, 1957</b> and last saw her alive on <b>Feb. 12, 1957</b> Death occurred at <b>6:30</b> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>R. P. Price M.D.</b>		22b. ADDRESS <b>State Hosp #2 St Joseph</b>		22c. DATE SIGNED <b>2-12-57</b>	
23a. BURIAL, CREMATION; REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Feb. 15, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Mora Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>S t. Joseph, Mo.</b>		
24. FUNERAL DIRECTOR <b>Meierhoffer-Fleeman Inc. St. Joseph, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Feb 14, 1957</b>	26. REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b>		

FEB 21 1957

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 *Edward C. Harrington*

Licensed Embalmer No. 3258

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.