FILED MAR 4 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 3756

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 196

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 0114 0 — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Mo. Methodist Hosp. — Length of stay in 1b Life	d. STREET ADDRESS (If outside, give location) 320-1/2 No. 6th St. — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print)	First: EDNA	Middle:	Last: FRANK	4. DATE OF DEATH	Month: Feb. Day: 21 Year: 1957
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	8. DATE OF BIRTH: Jan. 27, 1891	9. AGE (In years last birthday): 66	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): At Home	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (City and state or country): St. Joseph, Missouri 0	12. CITIZEN OF WHAT COUNTRY? U S A		
13. FATHER'S NAME: Fred H. Hansen	14. MOTHER'S MAIDEN NAME: Kathern Stelk				
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: Mr. Fred Hansen	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) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 11 days

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

DUE TO (b) Arteriosclerotic Hypertensive Cardiovascular disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201

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 the deceased from 6-6-56, to 2-21-57 and last saw her alive on 2-21-57

Death occurred at 7:05P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Richard L Maginn M.D. [redacted]	22b. ADDRESS: Phys & Surg Bldg 216, St. Joseph, Mo	22c. DATE SIGNED: 2-23-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 2-25-57	23c. NAME OF CEMETERY OR CREMATORY: Stele Cemetery	23d. LOCATION (City, town, or county): Falls City	(State): Nebraska
24. FUNERAL DIRECTOR: Stamey Funeral Home	ADDRESS: St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG.: Feb 28, 1957	26. REGISTRAR'S SIGNATURE: Esther M. Allison	

(Licensed Embalmer's Statement on Reverse Side)

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 em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed George G. Kerfey.....

Licensed Embalmer No. 473

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.