

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED MAR 11 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 224

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) St. Joseph		c. CITY OR TOWN St. Joseph 0119	
c. FULL NAME OF (If NOT in hospital, give location) St. Josephs Hospital		d. STREET ADDRESS 721 1/2 So. 23 rd St.,	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Length of stay in 1b Lifetime		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) EMMA	First	Middle	Last	4. DATE OF DEATH Feb. 26, 1957	Month	Day	Year
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 14, 1872	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Registered Nurse	10b. KIND OF BUSINESS OR INDUSTRY Public Health	11. BIRTHPLACE (City and state or country) White Cloud, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13. FATHER'S NAME Louis Middleton	14. MOTHER'S MAIDEN NAME Unknown
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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 Address Mrs. Jess Greer, St. Joseph, Mo. (Niece)
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart Block Sudden	INTERVAL BETWEEN ONSET AND DEATH Unk.
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertensive Cardio Vascular Renal Disease	19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
	DUE TO (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) 442x	

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.) /
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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 COUNTY STATE
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21. I attended the deceased from 2/21/57 to 2/26/57 and last saw her <del>her</del> alive on 2/25/57 Death occurred at 7:00 pm on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Queen W. Herzig MD	22b. ADDRESS Tootle Building St. Joseph, Missouri	22c. DATE SIGNED 2/27/57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Febr. 28, 1957	23c. NAME OF CEMETERY OR CREMATORY Stewartville, Cemetery	23d. LOCATION (City, town, or county) (State) Stewartville, Missouri.
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24. FUNERAL DIRECTOR ADDRESS Meierhoffer-Fleeman Inc. St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. March 5, 1957	26. REGISTRAR'S SIGNATURE Eather M. Allison
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Director, coroner, or other officer certifying to a death due to natural causes. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Diseases in Part I must be causally related.

MEDICAL CERTIFICATION

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 *Robert R. Jarrin* .....  
Licensed Embalmer No. 3258

P. O. Address St. Joseph,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.