

Health, Welfare, Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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

FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3815

STATE FILE NUMBER

1000

175

Registration District No. 42 Primary Registration District No. 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		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #2		d. STREET ADDRESS 919 So. 20th St.	
3. NAME OF DECEASED (Type or print) WILLIAM OLIVER STUCKER		4. DATE OF DEATH Feb. 14 1957	
5. SEX Male		6. COLOR OR RACE white	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 24, 1886	
9. AGE (In years last birthday) 70		10. KIND OF BUSINESS OR INDUSTRY Carpentry	
11. BIRTHPLACE (City and state or country) Madison, Indiana		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME WILLIAM CALVIN STUCKER		14. MOTHER'S MAIDEN NAME ELIZA BIVENS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 491-09-5601	
17. INFORMANT Iva Myrtle Wood		Address St. Joseph, Missouri	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis DUE TO (b) arterio-sclerosis DUE TO (c) 4221 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Chronic Brain Syndrome associated with arterio-sclerosis with pyelonephritis			INTERVAL BETWEEN ONSET AND DEATH admission
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.) 2	
20c. TIME OF INJURY Hour 8:05 P 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 St. Joseph, Missouri	
21. I attended the deceased from 1-26-1957 to 2-14-1957 and last saw ^{her} him alive on 2-14-57 . Death occurred at 8:05 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE G. P. London		22b. ADDRESS State Hospital No 3, St. Joseph, Mo.	
22c. DATE SIGNED 2-14-1957			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 16, 1957	
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
24. FUNERAL DIRECTOR Stanley Funeral Home		25. DATE RECD. BY LOCAL REG. Feb 21, 1957	
ADDRESS St. Joseph, Mo.		26. REGISTRAR'S SIGNATURE Gather M. Allison	

(Licensed Embalmer's Statement on Reverse Side)

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FEB 27 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 *Charles E. Bennett*

Licensed Embalmer No. *462*

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.