

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7663

STATE FILE NUMBER

FILED APR 8 - 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 343

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>St. Joseph</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. Meth. Hosp.</u>			Length of stay in lb <u>life</u>	d. STREET ADDRESS (If outside, give location) <u>201 E. Highland Ave.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>ARTHUR</u> Middle <u>L.</u> Last <u>ERNST</u>				4. DATE OF DEATH Month <u>March</u> Day <u>25</u> Year <u>1957</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>July 26, 1875</u>		9. AGE (In years last birthday) <u>81</u> IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>City Sales Manager</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Wyeth Wholesale Co.</u>	11. BIRTHPLACE (City and state or country) <u>St. Joseph, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Charles F. Ernst</u>				14. MOTHER'S MAIDEN NAME <u>Caroline Broder</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>491-09-3338</u>		17. INFORMANT <u>Mrs. A.L. Ernst, 201 E. Highland, St. Joseph, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Probable acute cardiac dilatation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> Cardiac insufficiency DUE TO (c) <u>Arteriosclerotic heart disease.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u> <u>months</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>Hypochloremic, hyponatremic acidosis with dehydration.</u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	
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.)				
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	
21. I attended the deceased from <u>MAR 21, 1957</u> to <u>MAR 25, 1957</u> and last saw ^{him} <u>alive</u> on <u>MAR 25, 1957</u> Death occurred at <u>1:50a.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Carol A. Fetter, M.D.</u>				22b. ADDRESS <u>St. Joseph, Missouri</u>		22c. DATE SIGNED <u>3/28/57</u>	
23a. BURIAL, CREATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>3/27/1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>		
24. FUNERAL DIRECTOR <u>Heaton Bowman</u>			ADDRESS <u>St. Joseph, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>April 3, 1957</u>		26. REGISTRAR'S SIGNATURE <u>Ernest M. Allison</u>

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare public service
 300 -56
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms written on this card.
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 85

APR 4 1958

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..... Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 379 S. 10th St.

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.