

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12195

STATE FILE NUMBER

FILED MAY 13 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 503

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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph		0117 0	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION 110 So. 10th St.,			Length of stay in 1b 50 Yrs.		d. STREET ADDRESS (If outside, give location) 324 South 6th St.,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) George Kimball				First	Middle	Last	4. DATE OF DEATH May 2, 1957	
5. SEX Male	0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH January 11, 1884	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		100. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME unknown				14. MOTHER'S MAIDEN NAME unknown				
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. 497-12-2897		17. INFORMANT Address Mrs. H.C. Wachter, St. Joseph, Mo.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic heart disease</i>							INTERVAL BETWEEN ONSET AND DEATH <i>none</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) <i>General arteriosclerosis</i>		DUE TO (c) _____		<i>uncertain</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <i>4200</i>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>2</i>	
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 <i>4/27/57</i> to <i>5/2/57</i> and last saw him <i>her</i> alive on <i>5/1/57</i> Death occurred at <i>5:00</i> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>S. Melaney M.D.</i>				22b. ADDRESS <i>10th & Olive, Patee Hall</i> Social Welfare Board St. Joseph, Mo.				22c. DATE SIGNED <i>5/3/57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>May 6, 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>City Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>St. Joseph, Missouri</i>			
24. FUNERAL DIRECTOR ADDRESS <i>Meierhoffer-Fleeman Inc. St. Joseph, Mo.</i>			25. DATE RECD. BY LOCAL REG. <i>May 9, 1957</i>		26. REGISTRAR'S SIGNATURE <i>Kathleen M. Allison</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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of the State of Maryland

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 *Sam J. Cherry*.....

Licensed Embalmer No. 4679

P. O. Address St. Joseph, M

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