

STANDARD CERTIFICATE OF DEATH

16222

STATE FILE NUMBER

FILED MAY 20 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 530

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 causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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|--|-------------------------|--|--|
| 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 3522 Mitchell Ave | | d. STREET ADDRESS 3522 Mitchell Ave. | |
| 3. NAME OF DECEASED (Type or print) First Amelia Middle Henrietta Last Eiman | | 4. DATE OF DEATH May 9, 1957. | |
| 5. SEX Female | 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 June 9, 1881 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY At home | 11. BIRTHPLACE (City and state or country) Buchanan County, Missouri |
| 13. FATHER'S NAME Frederick Vogel | | 14. MOTHER'S MAIDEN NAME Rosetta Steatler | |
| 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 Glen F. Eiman 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) Carcinoma of the gallbladder with metastases of the liver. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Cerebral thrombosis | | | INTERVAL BETWEEN ONSET AND DEATH 7 months |
| 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 Jan. 8, 1957 to May 9, 1957 and last saw her alive on May 5, 1957. Death occurred at 9:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22. SIGNATURE (Degree or title) John R. McDaniel MD | | 22b. ADDRESS 902 Edmond, St. Joseph, Mo. | 22c. DATE SIGNED 5/11/57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE May 11, 1957. | 23c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery | 23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri. |
| 24. FUNERAL DIRECTOR ADDRESS Meierhoffer-Fleeman, Inc. St. Joseph, Mo. | | 25. DATE RECD. BY LOCAL REG. May 16, 1957 | 26. REGISTRAR'S SIGNATURE Esther M. Allison |

(Licensed Embalmer's Statement on Reverse Side)

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 B. Harrington

Licensed Embalmer No. 3258

P. O. Address St. Joseph, ..

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..