

FILED JUN 10 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16261

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 603

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

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>St. Joseph's Hosp.</u>		Length of stay in 1b <u>life</u>	d. STREET ADDRESS <u>904 Vine St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>JOHN</u>			4. DATE OF DEATH <u>May 26, 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>Oct. 30, 1903</u>		
9. AGE (In years last birthday) <u>53</u>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>		
100. KIND OF BUSINESS OR INDUSTRY <u>Hospital</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>James Piro</u>		
14. MOTHER'S MAIDEN NAME <u>Marina Balsamo</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		
16. SOCIAL SECURITY NO. <u>493-18-2948</u>			17. INFORMANT <u>Mrs. Josephine Piro, 904 Vine, 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>Uremia from post op. cholangitis</u> DUE TO (b) <u>Focal liver necrosis from bile tract obstruction</u> DUE TO (c) <u>Pancreatitis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Hypertension &amp; left heart strain</u>					
INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>6 wks</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 <u>4:45 a. m.</u> 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 <u>St. Joseph, Mo.</u>	
21. I attended the deceased from <u>12/15/56</u> to <u>5/26/57</u> and last saw her alive on <u>5/26/57</u> Death occurred at <u>4:45 a. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Edith M. Allison, M.D.</u>			22b. ADDRESS <u>3306 Mitchell Ave, St. Joseph, Mo.</u>		
22c. DATE SIGNED <u>6/1/57</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>5/29/1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>		
23d. LOCATION (City, town, or county) <u>St. Joseph, Missouri</u>					
24. FUNERAL DIRECTOR <u>Heaton-Bowman Funeral Home, St. Joseph, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>June 4, 1957</u>		
26. REGISTRAR'S SIGNATURE <u>Edith M. Allison</u>					

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 *Billie C. Gordon*

Licensed Embalmer No. *498*

P. O. Address *H. Joseph, W.*

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.