

FILED JUL 5 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20152

STATE FILE NUMBER

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 707

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 0117		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hosp 7yrs			d. STREET ADDRESS (If outside, give location) 422 Thompson		
3. NAME OF DECEASED (Type or print) First George Middle M Last Mawdsley			4. DATE OF DEATH Month June Day 29 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 1, 1908		9. AGE (In years, last birthday) 49
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Railroad, U.P.	11. BIRTHPLACE (City and state or country) Pratt Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME H.E. Mawdsley		13b. MOTHER'S MAIDEN NAME Elizabeth Brown		14. NAME OF HUSBAND OR WIFE Dorothy Mawdsley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT Address Dorothy Mawdsley 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) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary Sclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201					INTERVAL BETWEEN ONSET AND DEATH 25 hrs
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 _____ a.m. _____ p.m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 June 28, 1957 to June 29, 1957 and last saw him alive on June 29, 1957 Death occurred at 3:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE H.B. Larson M.D. (Degree or title)			22b. ADDRESS St. Joseph, Mo		22c. DATE SIGNED 6-30-57
23a. BURIAL, CREMATION Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/>		23b. DATE 7/2/57		23c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery	
23d. LOCATION (City, town, or county) St. Joseph, Mo		23e. LOCATION (City, town, or county) St. Joseph, Mo		23f. LOCATION (City, town, or county) St. Joseph, Mo	
24. FUNERAL DIRECTOR John E. Kuehn		25. DATE RECD. BY LOCAL REG. July 2, 1957		26. REGISTRAR'S SIGNATURE Mrs. Robert Fulton	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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, only, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed John E. Rupp

Licensed Embalmer No. 3986

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.