

STANDARD CERTIFICATE OF DEATH

30882
STATE FILE NUMBER

FILED OCT 14 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1079

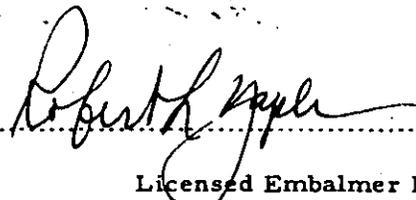
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Buchanan</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St Joseph</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>Buchanan</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp 2</u>		Length of stay in 1b <u>11 days</u>		c. CITY OR TOWN <u>St Joseph Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Alma</u>		Middle		Last <u>Durrett</u>		Month <u>Oct.</u> Day <u>8</u> Year <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 13 1877</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and state or country) <u>Bolckow Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>	
13. FATHER'S NAME <u>John Richardson</u>				14. MOTHER'S MAIDEN NAME <u>Rose Rosalcha</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>not known</u>		17. INFORMANT <u>Records State Hospital no 2</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]						INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) <u>Senility</u>						<u>Year</u>	
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)						19. WAS AUTOPSY PERFORMED?	
<u>Chronic interstitial nephritis</u>						YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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>5</u> Month <u>40</u> Day <u>P</u> 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>Sept 27 57</u> to <u>Oct 8 1957</u> and last saw her alive on <u>Oct 8 1957</u> Death occurred at <u>5:40 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>R P Price</u> (Degree or title) <u>MD</u>				22b. ADDRESS <u>State Hospital no 2</u>		22c. DATE SIGNED <u>10-8-57</u>	
23a. BURIAL, CREMATION, REPOSSSESSION <u>Burial</u>		23b. DATE <u>10-11-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Bolckow Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Bolckow, Mo.</u>	
24. FUNERAL DIRECTOR <u>Herman Wm. Sidenfaden</u> ADDRESS <u>St. Joseph, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Oct. 11, 1957</u>		26. REGISTRAR'S SIGNATURE <u>Mrs Robert Fulton</u>	

(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..... 

Licensed Embalmer No. 330

P. O. Address St. Joseph

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.