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FILED FEB 10 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

241

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 121

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 Mo. Meth. Hosp.		d. STREET ADDRESS (If outside, give location) 904 Ashland Court	
3. NAME OF DECEASED (Type or print) First Middle Last Hattie F. Birkes			4. DATE OF DEATH Month Day Year Feb. 1, 1958
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 March 13, 1874
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	
11. BIRTHPLACE (City and state or country) Stewartsville, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William H. Haynes		13b. MOTHER'S MAIDEN NAME Sophia Ozenberger	
14. NAME OF HUSBAND OR WIFE Martin F.		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 Virgil Hanes, 607 S. 14th, 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 Occlusion DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hepatitis, acute			INTERVAL BETWEEN ONSET AND DEATH 3 days unknown
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 <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 1-25-58, to 2-1-58 and last saw her alive on 1-31-58 Death occurred at 1:40a. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) G. L. Sherman M.D.		22b. ADDRESS 706 Francis St. Joseph, Mo.	
22c. DATE SIGNED 2-3-58		23a. BURIAL, CREMATION, REMOVAL (Specify) burial	
23b. DATE 2/4/1958		23c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery	
23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri		24. FUNERAL DIRECTOR Heaton-Bowman ADDRESS St. Joseph, Mo.	
25. DATE RECD. BY LOCAL REG. Feb. 6, 1958		26. REGISTRAR'S SIGNATURE Mrs. Robert Hulton	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

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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 *Eugene Wood*

Licensed Embalmer No. *3804*
P. O. Address *319 So 10th St*

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.