FILED FEB 10 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

265
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 98

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Joseph — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Mo. Methodist Hospital — Length of stay in Ib 65 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1108 So. 11th St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: JACOB Middle: J. Last: EMBERRY

4. DATE OF DEATH Month: January Day: 23 Year: 1958

5. SEX male
6. COLOR OR RACE white
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH August 20, 1883
9. AGE (In years last birthday) 74 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Janitor
10b. KIND OF BUSINESS OR INDUSTRY Kirkpatrick Office
11. BIRTHPLACE (City and state or country) Odessa, Russia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jacob J. Emberry
13b. MOTHER'S MAIDEN NAME Elizabeth Luetz
14. NAME OF HUSBAND OR WIFE Katherine (deceased)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ------
16. SOCIAL SECURITY NO. 491-24-6325
17. INFORMANT Address Miss Irene Emberry 1108 So. 11th St. City

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Thrombosis	aprox 2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Hypertensive Cardio vascular Disease	unknown
DUE TO (c)	Papillary Carcinoma of Bladder	unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Pulmonary Infart, Rt. lung (old) 1810

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 WORK [ ] NOT WHILE AT WORK [ ]
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. 15, 1958, to Jan. 23, 1958 and last saw ~~her~~ him alive on Jan. 22, 1958
Death occurred at 7:25 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Maxwell Day (Degree or title)
22b. ADDRESS Schneider Bldg. St. Joseph, Mo.
22c. DATE SIGNED 1/24/58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 1/25/58
23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
23d. LOCATION (City, town, or county) St. Joseph, Missouri (State)

24. FUNERAL DIRECTOR Heaton-Bowman ADDRESS St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG. Feb. 5, 1958
26. REGISTRAR'S SIGNATURE Mrs. Robert Fulton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

FEB 19 1958

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 Theron O Smith

Licensed Embalmer No. 3928

P. O. Address St Joseph Mo

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.