THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

295

STATE FILE NUMBER

FILED FEB 3 1958

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 64

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Joseph's Hosp — Length of stay in 1b Life

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 ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3311 Doniphan — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Emma Middle Sterling Last LaFever

4. DATE OF DEATH Month Day Year Jan. 14, 1958

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH Nov. 9, 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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and state or country) St. Joseph, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry R. Sterling

14. MOTHER'S MAIDEN NAME Elizabeth Gehrs

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. None

17. INFORMANT Mrs Elizabeth Hickok — Address 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) HEPATIC COMA. — INTERVAL BETWEEN ONSET AND DEATH 1 WK.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) METASTATIC CARCINOMA. — 1 MONTH

DUE TO (c) CARCINOMA DECENDING COLON. — ?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 1532

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

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 12/28/57, to 1/14/58 and last saw her/him alive on 1/14/58. Death occurred at 7:50 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John T. Logan M.D.

22b. ADDRESS 307 Kwapatrick Bldg

22c. DATE SIGNED 1/17/58.

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 1-18-58

23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.

24. FUNERAL DIRECTOR Herman W. Sidenfaden — ADDRESS St. Joseph, Mo

25. DATE RECD. BY LOCAL REG. Jan. 24, 1958

26. REGISTRAR'S SIGNATURE Mrs Robert Fulton

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Dr Rogers

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert L Yaple

Licensed Embalmer No. 33(

P. O. Address St. Jose

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.