

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004521
STATE FILE NUMBER

FILED FEB 24 1958

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 152

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph			Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Skidmore		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist			Length of stay in lb 3 1/2 months	d. STREET ADDRESS 9 miles southeast			Reside on Farm Yes ☒ No ☐
3. NAME OF DECEASED (Type or print) First ANNA Middle CATHERINE Last JAMES				4. DATE OF DEATH Month 2 Day 8 Year 58			
5. SEX / Female	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH 6/12/64	9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months Days Hours Min.	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 Own home	11. BIRTHPLACE (City and state or country) Columbus, Ohio		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Alexander Lowe				14. MOTHER'S MAIDEN NAME Nancy Carter			
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 Mrs. Jonathan Cryder, Skidmore, 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) <i>Cerebral Thrombosis</i> DUE TO (b) <i>Generalized Arteriosclerosis</i> DUE TO (c) <i>Cerebral Vascular Disease</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Hypertension, Coronary Arteriosclerosis</i>							INTERVAL BETWEEN ONSET AND DEATH <i>Immediate</i> ? ?
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>332X</i>				
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 <i>Oct-28-57</i> to <i>Feb. 8, 1958</i> and last saw <i>him</i> alive on <i>Feb-7-58</i> Death occurred at <i>7:40 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>T. R. Howden M.D.</i> (Degree or title)				22b. ADDRESS <i>419 Kirkpatrick bldg</i>		22c. DATE SIGNED <i>2-12-58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>		23b. DATE <i>2/9/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Oak Hill</i>		23d. LOCATION (City, town, or county) (State) <i>Maryville, Missouri</i>		
24. FUNERAL DIRECTOR ADDRESS <i>Meierhoffer-Fleeman Inc., St. Joseph, Mo.</i>				25. DATE RECD. BY LOCAL REG. <i>Feb 18, 1958</i>		26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Goodell</i>	

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.....
Eric J. Cherry

Licensed Embalmer No. 4679

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.