

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020959  
STATE FILE NUMBER

FILED JUL 7 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 688

300  
1-57

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Buchanan <input checked="" type="checkbox"/> Institution <input type="checkbox"/>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph 0117 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2301 South 12th		Length of stay in lb Life	d. STREET ADDRESS (If outside, give location) 2301 South 12th St.
3. NAME OF DECEASED (Type or print) First Middle Last MARGARET AGNES DALY			4. DATE OF DEATH Month Day Year June 28, 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 12, 1871
9. AGE (In years <sup>at</sup> <del>last</del> birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) St. Joseph, Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Dugan	13b. MOTHER'S MAIDEN NAME Mary Ford
14. NAME OF HUSBAND OR WIFE Edward S. Daly		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <del>no</del> or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. None
17. INFORMANT Catherine Dugan		Address 2301 So. 12th City	
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>Carcinoma of Stomach &amp; Liver</i> DUE TO (b) <i>Indigestion &amp; stomach irritation</i> DUE TO (c) <i>151X</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <i>unknown</i>
19. WAS AUTOPSY PERFORMED? 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 Month, Day, 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>1954</u> to <u>1958</u> and last saw <sup>her</sup> <del>him</del> alive on <u>6-23-58</u> Death occurred at <u>5:30</u> A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Mrs. Dugan</i>		22b. ADDRESS <i>423 20th</i>	22c. DATE SIGNED <i>6-28-57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>July 1, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Olivet Cemetery</i>	23d. LOCATION (City, town, or country) (State) <i>St. Joseph, Mo.</i>
24. FUNERAL DIRECTOR <i>Kerman Wm Siderfaden</i>		25. DATE RECD. BY LOCAL REG. <i>June 30, 1958</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Woodell</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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*Dr. Rimmer*

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 *Robert H. Zapp* .....

Licensed Embalmer No. 3308 .....  
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.