THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-021073
STATE FILE NUMBER

FILED JUN 23 1958 Registration District No. 42 Primary Registration District No. Registrar's No. 633

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN Washington Township — Inside Limits Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 3009 So. Belt — Length of stay in Ib 85 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph 0110 0 — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) 3009 So. Belt — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First SARAH Middle JANE Last GIRARD
4. DATE OF DEATH Month June Day 15 Year 1958
5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ 2 DIVORCED ☐
8. DATE OF BIRTH Feb. 13, 1861
9. AGE (In years last birthday) 97 — 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) At Home
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) 2 Streetsville Ontario, Canada
12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME William Armstrong
13b. MOTHER'S MAIDEN NAME Ella Hood
14. NAME OF HUSBAND OR WIFE Henry C. Girard (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. None
17. INFORMANT Miss Mary L. Girard Address 3009 So. Belt St. Joseph, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH 2 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Myocardial Insufficiency
DUE TO (c) Arteriosclerosis General 4221
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture of Hip April 1955
19. WAS AUTOPSY PERFORMED? 2 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 1930, to June 15, 1958 and last saw her alive on June 8, 1958
Death occurred at 5:20A on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE L. L. Senor (Degree or title) M.D. 0
22b. ADDRESS St. Joseph Mo
22c. DATE SIGNED 6-16-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-17-58
23c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery
23d. LOCATION (City, town, or county) St. Joseph (State) Missouri
24. FUNERAL DIRECTOR Stamey Funeral Home ADDRESS St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG. June 17, 1958
26. REGISTRAR'S SIGNATURE Wm. Clark Hoadell
(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.

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 Charles E. Bennett

Licensed Embalmer No. 1677

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.