

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024600

STATE FILE NUMBER

784

1000

42

FILED JUL 28 1958

Registration District No.

Primary Registration District No.

Registrar's No.

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes ☒ No ☐	c. CITY OR TOWN St. Joseph 01170		Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		Length of stay in lb 16 yrs		d. STREET ADDRESS (If outside, give location) 2405 So. 4th St	
3. NAME OF DECEASED (Type or print) First William Middle Admire Last Admire			4. DATE OF DEATH Month July Day 23 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Jan. 26, 1898		9. AGE (In years last birthday) 60
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipeliner		10b. KIND OF BUSINESS OR INDUSTRY Oil		11. BIRTHPLACE (City and state or country) Hart, Missouri	
10c. CITIZEN OF WHAT COUNTRY? U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME William D. Admire		13b. MOTHER'S MAIDEN NAME Nancy Jane Pleasant		14. NAME OF HUSBAND OR WIFE Ethel Admire	
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. 495-07-0232		17. INFORMANT Mal Admire Address St. Joseph, Mo. 6406 1/2 Sherman St	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 331X 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 2 days
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 ☐ 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 7/21/58 to 7/23/58 and last saw him alive on 7/23/58 Death occurred at 11:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Arthur W. Slawig M.D. (Degree or title)			22b. ADDRESS Social Welfare Board 10th & Olive, St. Joseph, Mo.		22c. DATE SIGNED 7/24/58
23a. BURIAL, CREMATION, REMAINS (Specify) Burial		23b. DATE July 25, '58		23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	
23d. LOCATION (City, town, or county) Bucklin, Mo.		(State)			
24. FUNERAL DIRECTOR Clark Funeral Home, St. Joseph, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. July 24 1958	
26. REGISTRAR'S SIGNATURE Wm. Clark Handell					

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

540

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 *Allen C. Bazar*

Licensed Embalmer No. *4795*

P. O. Address *St. Joseph*

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.