

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028282

STATE FILE NUMBER

903

FILED AUG 25 1958

Registration District No. 42

Primary Registration District No. 1000

Registrar's No.

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		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital		d. STREET ADDRESS (If outside, give location) 502 E. Colorado	
Length of stay in lb 13 years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MIDDLE Last LAURA B HIMES			4. DATE OF DEATH Month Day Year Aug. 20, 1958		
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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 Dec. 5, 1878	9. AGE (In years last birthday) 79	10. FUNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Carlyle, Penn.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Moses Keckler	13b. MOTHER'S MAIDEN NAME Kate Zeigler	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Marjorie Schuler	Address 502 E. Colorado
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>BASAL SKULL FRACTURE WITH HEMORRHAGE INTO THE PONS AREA</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 DAYS</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>FELL DOWN BASEMENT STEPS</b>		<b>9000</b>
DUE TO (c)		<b>21</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) <b>FROM HISTORY— APPARENTLY TRIPPED AND FELL DOWN BASEMENT STEPS AT HOME.</b>
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20c. TIME OF INJURY Hour Month, Day, Year <b>10:30 a.m. Aug 13, 1958</b>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>HOME 502 E. COLORADO</b>	20e. CITY, TOWN, OR LOCATION <b>ST. JOSEPH, MO.</b>	COUNTY <b>131</b>	STATE
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21. I attended the deceased from <b>AUGUST 13, 1958</b> to <b>AUG. 20, 1958</b> and last saw <b>her</b> alive on <b>AUG. 20, 1958</b> Death occurred at <b>6:00 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>E. J. Cross</b> (Degree or title) <b>2</b>	22b. ADDRESS <b>5105 KING HILL AVE. ST. JOSEPH, 45, MO.</b>	22c. DATE SIGNED <b>AUG. 20, 1958</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Aug. 22, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olive</b>	23d. LOCATION (City, town, or county) (State) <b>Troy, Kansas</b>
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24. FUNERAL DIRECTOR <b>Paul F. Clark</b> ADDRESS <b>120 Illinois Ave.</b>	25. DATE RECD. BY LOCAL REG. <b>Aug 21, 1958</b>	26. REGISTRAR'S SIGNATURE <b>Wm. Clark Standell</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300  
1-57  
0

All diseases in Part I must be causally related.

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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 *Paul F. Clark* .....

Licensed Embalmer No. *5024* .....

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.