

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035578
STATE FILE NUMBER **1179**

FILED NOV 10 1958 Registration District No. **42** Primary Registration District No. **1000** Registrar's No. _____

5. 300
1-57

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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 Parkview Nur. Home			d. STREET ADDRESS (If outside, give location) 2416 Duncan		
Length of stay in lb 38 years			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First JESSIE Middle MYRTLE Last SANDUSKY			4. DATE OF DEATH Month Nov. Day 3, Year 1958		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 18, 1904		9. AGE (In years last birthday) 53
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) saleslady		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Amity, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME J. M. Hawks		13b. MOTHER'S MAIDEN NAME Emma Stout		14. NAME OF HUSBAND OR WIFE Durwood	
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. 491-09-3690		17. INFORMANT Address J. M. Hawks, 2416 Duncan, St. Joseph, 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) General Carcinomatosis Primary carcinoma of colon Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 1538					INTERVAL BETWEEN ONSET AND DEATH 6 mo over 1 year
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"/> 2
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 _____ a.m. _____ p.m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK 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 _____ to Nov. 3, 1958 and last saw her alive on Nov. 3, 1958 Death occurred at 9:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Heaton Smith M.D.			22b. ADDRESS 218 N. 7th St. St. Joseph		22c. DATE SIGNED 11/4/58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 11/6/1958	23c. NAME OF CEMETERY OR CREMATORY Amity Cemetery		23d. LOCATION (City, town, or county) Amity, Missouri	
24. FUNERAL DIRECTOR Heaton Bowman		ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Nov. 5, 1958	
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell					

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

Dr. C. C. Clifton

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Dr. C. C. Clifton

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 *John V. Herrick*

Licensed Embalmer No. *4848*

P. O. Address *B. C. 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.