

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000283

STATE FILE NUMBER

58

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 58

FILED JAN 26 1959

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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph <u>01170</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hovey Nursing Home <u>218 S. 10th St.</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 3804 Terrace Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EMMA Middle Last FOX		4. DATE OF DEATH Month Jan. Day 14, Year 1959	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 13, 1876
9. AGE (In years last birthday) 82		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) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Denver, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henry Bush	
13b. MOTHER'S MAIDEN NAME Mary Farris		14. NAME OF HUSBAND OR WIFE Eli	
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. none	
17. INFORMANT Mrs. John Spangler, 3804 Terrace, St. Joseph, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH Unk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) General Arteriosclerosis			2 months
DUE TO (c)			
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 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.) 4200	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 12/26/58 to 1/14/59 and last saw her ^{her} alive on 1/13/59 Death occurred at 2:30p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) S. E. Meloney M.D.		22b. ADDRESS Social Welfare Board 10th & Olive, St. Joseph, Mo.	
22c. DATE SIGNED 1/15/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 1/15/1959	23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) Denver, Mo.		(State)	
24. FUNERAL DIRECTOR Heaton-Bowman		ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. Jan 16, 1959
26. REGISTRAR'S SIGNATURE Mrs. Clark Spodell			

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

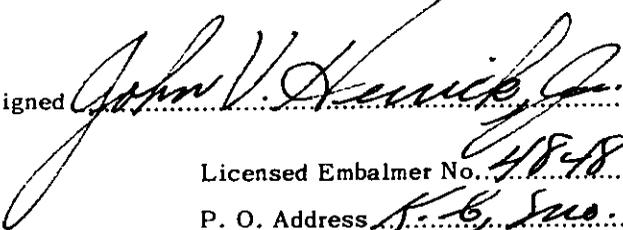
MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DR. S. E. MELONEY

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 
Licensed Embalmer No. 4848
P. O. Address S. C. Swo.

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.