

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004578

STATE FILE NUMBER

199

FILED MAR 2 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No.

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		c. CITY OR TOWN St. Joseph <i>0110</i>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION R. R. #4		d. STREET ADDRESS (If outside, give location) R. R. #4	
Length of stay in lb 65 years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First SARAH Middle EDITH Last HARDESTY			4. DATE OF DEATH Month Feb. Day 20 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 Oct. 15, 1885	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Secretary	10b. KIND OF BUSINESS OR INDUSTRY Paper Co.	11. BIRTHPLACE (City and state or country) Aurora, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Gideon W. Wright	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE William	

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. 491-09-4885	17. INFORMANT Address Mrs. Mamie L. Olson, R. R. #4, 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) Severe Nervous shock from fall		INTERVAL BETWEEN ONSET AND DEATH years
DUE TO (b) Inanition		
DUE TO (c) Weakness <i>904C</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). 21		

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.) Fell in home while alone
--	---

20c. TIME OF INJURY Hour about Month Feb. Day 14 Year 1959	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home	20f. CITY, TOWN, OR LOCATION St. Joseph COUNTY Buchanan STATE Missouri
---	---	---	---

21. I attended the deceased from July 16, 59 to July 20, 59 and last saw her/him alive on July 16, 59 Death occurred at 12:02a. m on the date stated above; and to the best of my knowledge, from the causes stated.	
---	--

22a. SIGNATURE Dr. M. E. Riemer M.D. (Degree or title)	22b. ADDRESS 423 Main	22c. DATE SIGNED 7/21/59
---	------------------------------	---------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 2/23/1959	23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph Mo.
---	----------------------------	--	---

24. FUNERAL DIRECTOR Wheaton-Bowman ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. Feb. 24, 1959	26. REGISTRAR'S SIGNATURE Mr. Clark Goodell
---	---	--

Dr. M. E. Riemer
 MEDICAL CERTIFICATION
 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 *William Spalding*

Licensed Embalmer No. *4535*

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.