Health, Welfare Public Service

300 -57

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004617
STATE FILE NUMBER

FILED FEB 24 1959

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 188

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Joseph — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 611 N. 11th Street Rath Gum Nursing Home — Length of stay in 1b: Most of life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph 0117 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1713 Bellevue — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Bessie Middle: Last: Sample

4. DATE OF DEATH: Month February Day 17 Year 1959

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Febr. 18, 1880
9. AGE (In years last birthday): 78 — 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): Ret. Seamstress
10b. KIND OF BUSINESS OR INDUSTRY: State Hosp. #2
11. BIRTHPLACE (City and state or country): Tipton, Indiana 1
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Oren Sample
13b. MOTHER'S MAIDEN NAME: Rachel Heath
14. NAME OF HUSBAND OR WIFE: ----

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 489-36-4402
17. INFORMANT: Mrs. Marjorie Packett Address: St. Joseph, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instantly
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertensive heart disease — Several years ago
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Osteo arthritis of spine 4261
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 WORK [ ] 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 August 1958, to Feb 17, 1959 and last saw her alive on February 14, 1959
Death occurred at 7:15 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: E. Handler (Degree or title) MD
22b. ADDRESS: 311 Physician's & Surgeon's Bldg, St. Joseph, Missouri
22c. DATE SIGNED: 2-17-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Febr. 20, 1959
23c. NAME OF CEMETERY OR CREMATORY: Ashland Cemetery
23d. LOCATION (City, town, or county) (State): St. Joseph, Mo.

24. FUNERAL DIRECTOR: Meuerhoffer-Freeman, Inc. ADDRESS: St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: Feb. 19 1959
26. REGISTRAR'S SIGNATURE: Mrs. Clade Goodell

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. E. Handler

FEB 25 1959

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. 4679

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.