

STANDARD CERTIFICATE OF DEATH

59-016881

FILED MAY 18 1959

Registration District No. 042 Primary Registration District No. 1000 STATE FILE NUMBER 499 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			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp.			Length of stay in 1b 11 yrs	d. STREET ADDRESS 3849 Terrace			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First ANNA Middle ELIZABETH Last TOBIN				4. DATE OF DEATH Month May Day 4, Year 1959					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 30, 1883		9. AGE (In years last birthday) 75	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) housekeeper			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Nodaway County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME James Wobbe			13b. MOTHER'S MAIDEN NAME Dora (unknown)			14. NAME OF HUSBAND OR WIFE (deceased)			
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 Leo Tobin, Maryville, 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) Metastatic carcinoma of abdomen & bones DUE TO (b) Origin undetermined Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH approx. 4 years		
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 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 6/26/56 to 5/4/59 and last saw her alive on 5/4/59 Death occurred at 10:53 A. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Wm. B. Root M.D.				(Degree or title)			22b. ADDRESS 316 N. 10th, St. Joseph, Mo.		22c. DATE SIGNED 5/5/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/6/59	23c. NAME OF CEMETERY OR CREMATORY St. Patrick's Cemetery			23d. LOCATION (City, town, or county) Maryville Missouri		(State)	
24. FUNERAL DIRECTOR John E. Rupp			ADDRESS St. Joseph, Mo		25. DATE RECD. BY LOCAL REG. May 15, 1959		26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell		

MEDICAL CERTIFICATION

Dr. Wm. B. Root

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 E. Rupp*

Licensed Embalmer No. *3980*
P. O. Address *St. Joseph*

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.