

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-020464

FILED JUN 22 1959

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 632

RECEIVED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Buchanan	a. STATE Missouri	b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph	Length of stay in 1b Lifetime	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 State Hospital #2	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS Green Acres	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First Gladys	Middle Kearby	Last Kearby	4. DATE OF DEATH	Month June	Day 14,	Year 1959
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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 12/1/1890	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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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) St. Joseph, Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Thomas Rowbotham	13b. MOTHER'S MAIDEN NAME Minnie Frank	14. NAME OF HUSBAND OR WIFE Robert F. Kearby
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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 Myron Coats, St. Joseph, Missouri	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Strangulation on pickled peach seed	few minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	indefinite
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.) Patient was eating supper when she choked and died.
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20c. TIME OF INJURY Hour p.m. June 14, 1959	Month, Day, Year
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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.) State Hospital #2	20f. CITY, TOWN, OR LOCATION St. Joseph	COUNTY Buchanan	STATE Missouri
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21. I attended the deceased from July 1, 1958 **to** June 14, 1959 **and last saw her** alive on June 14, 1959
Death occurred at 4:50 P. **on the date stated above, and to the best of my knowledge, from the causes stated.**

22a. SIGNATURE <i>[Signature]</i>	(Degree or title)	22b. ADDRESS <i>State Hospital #2 St. Joseph Mo 6-14-59</i>	22c. DATE SIGNED <i>6-14-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE June 16, 1959	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
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24. FUNERAL DIRECTOR <i>Meuckhoff-Hegeman Inc.</i>	ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. June 16, 1959	26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Goodell</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

R.P.F.I.C.O. MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Edward E. Harrison

Licensed Embalmer No. 3258

P. O. Address H. J. Jones

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.