FRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 1 0 1959

59-024216

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 787

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Length of stay in Ib: 59 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Mo.Meth. Hosp.S — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2534 Francis St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: MINNIE Middle: SWARTS Last: HIRSCH
4. DATE OF DEATH: Month August Day 2 Year 1959
5. SEX: female
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/24/1875
9. AGE (last birthday): 84 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: 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): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: unknown
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Morris
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.: unknown
17. INFORMANT: Mr. Morris Hirsch, Address: 2534 Francis, 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): Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 18 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cholelithiasis with biliary obstruction — 3 days
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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
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 July 30, 1959, to Aug. 2, 1959 and last saw her alive on Aug. 2, 1959
Death occurred at 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Allen J. Herman (Degree or title) M.D.
22b. ADDRESS: 706 Francis St. Joseph, Mo.
22c. DATE SIGNED: 8-3-59

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 8/4/1959
23c. NAME OF CEMETERY OR CREMATORY: Ashland Mausoleum
23d. LOCATION (City, town, or county) (State): St. Joseph Mo.
24. FUNERAL DIRECTOR: Weston-Bowman, ADDRESS: St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: Aug 4, 1959
26. REGISTRAR'S SIGNATURE: Mrs. Clarke Goodell

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF A.J. Herman, M.D. CERTIFICATION DOCUMENT

NOV 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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 3927

P. O. Address 319 S. 10th St Joseph,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.