

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028217

FILED VS AUG 31 1959

042

Primary Registration District No. 1000

1000

Registrar's No. 875

875

STATE FILE NUMBER

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		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 422 North 7th St., Georgian Court Apts.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 422 North 7th St., Georgian Court Apts.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Sarah D. Costigan				4. DATE OF DEATH Month Day Year August 23, 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 Jan. 10, 1877	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
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 U.S.A.	
13a. FATHER'S NAME John Townsend			13b. MOTHER'S MAIDEN NAME Annie Dolman Annie Baker Banes			14. NAME OF HUSBAND OR WIFE R.E. Costigan		
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 Address John T. Smith, St. Joseph, Missouri				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Thermal shock + suffocation alone</i> DUE TO (b) <i>accidental conflagration alone</i> DUE TO (c) <i>due to dropping lighted cigarette</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH	
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 type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <i>due to doing while smoking</i>						
20c. TIME OF INJURY Hour a.m. p.m. 9 a.m. Aug 23 59		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.) home		20f. CITY, TOWN, OR LOCATION 422 N 7 St Joe Buchanan Co Mo		STATE Mo
21. I attended the deceased from Death occurred at <i>9 a.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.				21. I observed the deceased from <i>Unravell body</i> and last saw <i>her</i> alive on <i>Aug 23 59</i>				
22a. SIGNATURE (Degree or title) <i>S. McJannet M.D. coroner</i>				22b. ADDRESS <i>St Joseph 8, Mo</i>		22c. DATE SIGNED <i>Aug 24 59</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Aug. 25, 1959	23c. NAME OF CEMETERY OR CREMATORY Mount Mora Cemetery		23d. LOCATION (City, town, or county) St. Joseph, Missouri		(State)		
24. FUNERAL DIRECTOR <i>W. C. Kupper - Hegman Inc.</i> Address St. Joseph, Mo.			25. DATE RECD. BY LOCAL REG. Aug 26, 1959		26. REGISTRAR'S SIGNATURE <i>Wm. Clark Goodell</i>			

DOCUMENT

BY AFFIDAVIT OF INFORMANT

MEDICAL CERTIFICATION

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 _____
Signature of Student Embalmer

Signed *Eric J. Chaney*

Licensed Embalmer No. 4679

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.