

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035318

FILED VS. NOV 8 1959 042

1000

1109

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Buchanan									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 47 years		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 1902 Jackson			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1902 Jackson		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First NICKOLAS Middle TURLAS Last				4. DATE OF DEATH Month October Day 31 Year 1959									
5. SEX male		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH unknown		9. AGE (last birthday) around 70		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) Retired proprietor				10b. KIND OF BUSINESS OR INDUSTRY Restaruant		11. BIRTHPLACE (City and state or country) Lazarus, Greene		12. CITIZEN OF WHAT COUNTRY Greece					
13a. FATHER'S NAME unknown				13b. MOTHER'S MAIDEN NAME unknown				14. NAME OF HUSBAND OR WIFE _____					
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 George Dalaman, 1902 Jackson, St. Joseph, 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) Bright's Disease										INTERVAL BETWEEN ONSET AND DEATH 1 1/2 months			
DUE TO (b) Hypertensive cardiovascular disease										Several years			
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 type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 _____ a.m. _____ p.m. Month, Day, Year _____													
20d. INJURY WHILE AT WORK <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 1958 , to October 31, 1959 and last saw ^{her} / _{him} alive on October 31, 1959 Death occurred at 12:45p. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE E. H. Anderson (Degree or title) MD						22b. ADDRESS 311 Physician's & Surgeon's Bldg, St. Joseph, Missouri			22c. DATE SIGNED 11-2-59				
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 11/3/1959		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery			23d. LOCATION (City, town, or county) (State) St. Joseph Mo.						
24. FUNERAL DIRECTOR Victor Johnson ADDRESS St. Joseph, Mo.				25. DATE RECD. BY LOCAL REG. Nov. 6, 1959		26. REGISTRAR'S SIGNATURE Wm. Clark Goodell							

DOCUMENT

MEDICAL CERTIFICATION
E. Handler, M.D.

BY AFFIDAVIT OF

Mr. Handlin
P. O. Box 100

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 William Spalding

Licensed Embalmer No. 4535

P. O. Address W. J. Spalding, Jr.

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.