

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039012

FILED VS DEC 14 1959 042

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1233

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

UNRECORDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Buchanan		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		a. STATE Missouri b. COUNTY Platte		c. CITY OR TOWN Edgerton	
Length of stay in 1b 4 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #2				d. STREET ADDRESS (If outside, give location)			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First JOSEPH		Middle EDGAR		Last HENDRIX		Month Day Year November 10, 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 May 5, 1883	9. AGE (last birthday) 76	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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Richard Hendrix			13b. MOTHER'S MAIDEN NAME Nancy St. John			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. unknown		17. INFORMANT Address Records, State Hospital #2			
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) Hypostatic pneumonia							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) Fracture of right hip							
DUE TO (c) Senility							
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.) Fell on ward					
20c. TIME OF INJURY Hour 1:45 - - - p.m. 7-9-59		Month, Day, Year					
20d. INJURY OCCURRED 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.) St. Joseph		20f. CITY, TOWN, OR LOCATION Missouri		COUNTY STATE	
21. I attended the deceased from 11-10-59 to 11-10-59 and last saw her/him alive on 11-10-59 Death occurred at 5:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) R.P. Price M.D.				22b. ADDRESS St. Joseph, Missouri			22c. DATE SIGNED 11/10/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal & Burial		23b. DATE 11/13/1959		23c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery		23d. LOCATION (City, town, or county) (State) Edgerton, Missouri	
24. FUNERAL DIRECTOR Rollins-Nash			ADDRESS Edgerton, Mo.		25. DATE RECD. BY LOCAL REG. Dec. 7, 1959		26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

DOCUMENT

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 LeRoy Mooney

Licensed Embalmer No. 477

P. O. Address K.C. Mooney

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.