

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-009991

FILED VS MAR 21 1960 042

1000

Registrar's No. 311

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 3 mo.		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 St. Joseph Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1524 Bartlett		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Birdie Middle Last Miller				4. DATE OF DEATH Month Mar. Day 6, Year 1960									
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 Mar. 5, 1874		9. AGE (last birthday) 86		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) House keeper			10b. KIND OF BUSINESS OR INDUSTRY Home			11. BIRTHPLACE (City and state or country) Dearborn Mo			12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME Asa Burton				13b. MOTHER'S MAIDEN NAME Unk				14. NAME OF HUSBAND OR WIFE deceased					
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 Zena Miller, 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) Acute myocardial failure DUE TO (b) Post respiratory infection DUE TO (c) Toxic myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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										INTERVAL BETWEEN ONSET AND DEATH 2 hours 2 weeks about 2 weeks			
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.) Respiratory infection									
20c. TIME OF INJURY Hour 2 a.m. 22 p.m. 60 Month, Day, Year 3-22-60		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 1524 Bartlett St Joseph MO		COUNTY		STATE			
21. I attended the deceased from 2-22-60 to Mar. 6, 1960 and last saw her him alive on March 2-60 Death occurred at 9:15 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE S.E. Meluney M.D.				22b. ADDRESS St. Joseph, Mo				22c. DATE SIGNED Red March 10 60					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/8/60		23c. NAME OF CEMETERY OR CREMATORY Odd Fellows Public Cemetery			23d. LOCATION (City, town, or county) (State) St. Joseph, MO						
24. FUNERAL DIRECTOR John E. Kupp				ADDRESS St. Joseph, Mo		25. DATE RECD. BY LOCAL REG. Mar. 14, 1960		26. REGISTRAR'S SIGNATURE Wm. Clark Goodell					

DOCUMENT

S.E. Meluney M.D. 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

~~body~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

John E. Rupp

Licensed Embalmer No. *3986*

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.