

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018435

FILED VS JUN 6 1960 042

Registration District No. Primary Registration District No. 1000 Registrar's No. 609

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 25 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 Mo. Methodist Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 422 So. 22nd St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First HOMER Middle M. Last HOMAN				4. DATE OF DEATH Month May Day 26 Year 1960					
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5/16/1884	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mechanic			10b. KIND OF BUSINESS OR INDUSTRY garage		11. BIRTHPLACE (City and state or country) Easton, Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME George W. Homan			13b. MOTHER'S MAIDEN NAME Delila Missemmer			14. NAME OF HUSBAND OR WIFE Blanche			
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. 500-10-4650		17. INFORMANT Address Mrs. Blanche Homan, 422 S. 22nd, 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) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis 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								INTERVAL BETWEEN ONSET AND DEATH 13 hrs. 12 yrs	
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 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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 5-26-60 to 5-26-60 and last saw him alive on 5-26-60 Death occurred at 7:10 p. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) H.C. Senne MD				22b. ADDRESS 223 N 7th St. Joseph, Mo		22c. DATE SIGNED 5-31-60			
23a. BURIAL, CREMATION, REMQVAL (Specify) burial	23b. DATE 5/28/1960	23c. NAME OF CEMETERY OR CREMATORY Freeman Chapel Cemetery		23d. LOCATION (City, town, or county) (State) Buchanan County Mo.					
24. FUNERAL DIRECTOR Heston Bowman			ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. June 1, 1960		26. REGISTRAR'S SIGNATURE Wm. Clark Goodell		

DOCUMENT

H.C. Senne, M.D. MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 18 1960

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 Spudis

Licensed Embalmer No. 4536

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.