JRI FIL	DI ED 1	VISION OF HEALTH - STANDAR	D CERTIFICATE OI		<u>-60</u>	<u>-0410'</u>	76	
NDE		0.000 (1/10)	Registration District No.	Registrar's No	1228	STATE FILE NU	MBER	
 		1. PLACE OF BEATH a. COUNTY Buchanan		2. USUAL RESIDENCE a. STATE MISSON	E (Where deceased live	d. If institution:	Residence before admission)	
		b. CITY (If outside corporate limits, give TOWNSHIP of TOWN St. Joseph	only) Length of stay in 1b	c. CITY OR TOWN St.			Inside Limits Yes My No	
		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. St. Joseph	Inside Limits	d. STREET ADDRESS	(If cutside, of South 18th.	-	Reside on Farm Yes No 📆 📉	
	1	3. NAME OF DECEASED First (Type or print) JOSEPH	Middle R.		4. DATE MONOR OF DEATH NO	ith Day	Year 1960	
		5. SEX 6. COLOR OR RACE 7.	Married Never Married XX Widowed Divorced		9. AGE (last birthday)		IF UNDER 24 HR Hours Min.	
		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steward	KIND OF BUSINESS OR INDUSTRY Lodge	11. BIRTHPLACE (Cit	y and state or country) Missouri	12. CITIZEN OF	= = = :	
		13a. FATHER'S NAME John Albert 15. WAS DECEASED EVER IN U.S. ARMED FORCES?	Carrie Sauer	17. INFORMANT		USBAND OR WIFE		
	DOCUMENT	(Yes, no, or unknown): (If yes, give war, or dates of service HeS WOTLD WAR 2	(e) 491-09-7300	Eda Albert	311 So. 18	th. St.Jos	seph, Mo.	
:		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion ONSET AND DEATH Instantly						
	DOG	which gave rise to	Hypertensive card	iovascular (disease	S	everal months	
	1	above cause (a), stating the under- lying cause last. DUE TO (c)	TIONS CONTRIBUTION TO SERVI					
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART II. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown						
			OMICIDE 206. DESCRIBE HOW	/ INJURY OCCURRED. (I	Enter nature of injury in	PART I or PART II	of item 18.)	
		20c. TIME OF Hout Month, Day, Year INJURY a.m. p.m.						
		WHILE AT WORK farm, factory	y, street, office bldg., etc.)	of, CITY, TOWN, OR L		COUNTY	STATE	
		21. I attended the deceased from Nov 21 to 21 1960 to						
	/IT OF	22a. SIGNATURE & Ham	"Le Mo	22b. ADDRESS 311 St. Jose	Phys. & Surg ph, Missouri	Bldg	22c. DATE SIGNED 11-25-60	
	AFFIDAVIT	Burial 11-28-1960	Mt. Olivet Cemet	erv	St. Joseph	Mi :	(State) SSOUri	
	BY A	24. FUNERAL DIRECTOR ADDRESS H. O. Silanfaden & So.) St.	Joseph no. Nov.	25,1960	26. REGISTRAR'S SIGNAL CLASS	GNATURE - Hood	lell	
í) Rd. M.	(Ucensed Embalmer's Stateme	ent on Reverse Side)				

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body who	e name is recorded on the reverse side o	of this certificate was embalmed by
or by Robert L. Hassebroek		, Student Embalmer No. 617
working under my personal supervision.	\bigcirc	. 0

Licensed Embalmer No. 3308

P. O. Address St. Joseph, Misso

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.