

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041097

FILED VS DEC 12 1960

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Primary Registration District No. 1000

Registrar's No. 1255

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY <b>Buchanan</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) <b>St. Joseph</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Buchanan</b>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Missouri Methodist Hospital</b>		Length of stay in 1b <b>50 Yrs.</b>		c. CITY OR TOWN <b>St. Joseph</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <b>509 Birch Street</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH				
First <b>Edith</b>		Middle <b>Doro</b>		Month <b>November 28</b>		Day <b>1960</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Sept. 18, 1887</b>		
9. AGE (last birthday) <b>73</b>		IF UNDER 1 YEAR Months		IF UNDER 24 HR Days		Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housekeeper</b>		11. BIRTHPLACE (City and state or country) <b>Troy Kansas</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>William Doro</b>			13b. MOTHER'S MAIDEN NAME <b>Johanna Groenke</b>			14. NAME OF HUSBAND OR WIFE <b>None</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>489-36-1710</b>		17. INFORMANT <b>Mrs. Charles David St. Joseph, Mo.</b>			
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) <b>Mechanical Obstruction Small Bowel</b>						<b>2 days</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Polymythemia Vera</b>				<b>unknown</b>		
		DUE TO (c) <b>Arteriosclerotic Heart Disease</b>				<b>unknown</b>		
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 checked="" type="checkbox"/> NO <input 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 <b>Nov 24 - 1960</b> to <b>Nov 28 - 1960</b> and last saw her <sup>her</sup> <sub>him</sub> alive on <b>Nov 28, 1960</b>		Death occurred at <b>3:30 P.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <b>Mustar J. Kau</b>			(Degree or title) <b>M.D.</b>			22b. ADDRESS <b>Kirkpatrick Bldg St. Joseph Mo</b>		
22c. DATE SIGNED <b>12-1-60</b>			23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Dec. 1, 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Christ Lutheran Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Wathena, Kansas</b>		24. FUNERAL DIRECTOR <b>Meierhoffer-Fleeman Inc. St. Joseph, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Dec. 2, 1960</b>		26. REGISTRAR'S SIGNATURE <b>Wm. Charles Lindell</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

G.A. Lau, M.D.

DEC 1 2 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 Albert D. Harris

Licensed Embalmer No. 3256

P. O. Address St. Louis

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.