

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-000341

FILED VS FEB 6 1961

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STATE FILE NUMBER

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

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
SHOULD READ
BY AFFIDAVIT OF

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 1 year	c. CITY OR TOWN Saxton		"Inside Limits" Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR KECK NURSING HOME INSTITUTION 2529 So. 15th St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ADDIE Middle LOWER Last LOWER			4. DATE OF DEATH Month January Day 22 Year 1961		
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 1/17/1870	9. AGE (last birthday) 91	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Saxton, Missouri		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John Fogg		13b. MOTHER'S MAIDEN NAME Helen Dysart		14. NAME OF HUSBAND OR WIFE W. R. Lower	
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 Mrs. Charles Gilpin, R.R. #4, St. Joseph, Mo. Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Natural Causes - Unattended Death DUE TO (b) Investigated by City Health Dept. DUE TO (c) 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 type="checkbox"/> No <input type="checkbox"/> Unknown					INTERVAL BETWEEN ONSET AND DEATH
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.		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 _____ to _____ and last saw her/him alive on _____. Death occurred at 8:00 p. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Robert W. Kieber, M.D. (Degree or title) City Health Officer		22b. ADDRESS St. Joseph, Mo.		22c. DATE SIGNED 1-30-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 1/25/1961		23c. NAME OF CEMETERY OR CREMATORY Walnut Grove Cemetery	
23d. LOCATION (City, town, or county) Buchanan County, Mo.		23e. DATE RECD. BY LOCAL REG. Feb. 1, 1961		23f. REGISTRAR'S SIGNATURE Mrs. Clark Goodell	
24. FUNERAL DIRECTOR Nelson Bowman		ADDRESS St. Joseph, Mo.		25. REGISTRAR'S SIGNATURE	

DOCUMENT
MEDICAL CERTIFICATION
R.W. Kieber, M.D.

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 314 So 10th, 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.