SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-007739

STATE FILE NUMBER

AMENDED

Registration District No. 042 Primary Registration District No. ____ Registrar's No. 261

FILED MAR 20 1961

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DeKalb
Length of stay in 1b: 6 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DeKalb Old Folks Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN Easton
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First EMMA Middle Last SWITZER
4. DATE OF DEATH: Month March Day 9 Year 1961
5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3/21/1870
9. AGE (last birthday): 90
IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: 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): Buchanan Co., Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Benjamin Rapp
13b. MOTHER'S MAIDEN NAME: Mary A. Camel
14. NAME OF HUSBAND OR WIFE: Fred
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Address: Mrs. Anna Lewis, 2513 Seneca, St. Joseph, Mo.

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)	Cerebral Thrombosis	24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral Arteriosclerosis	6 yrs
DUE TO (c)	Arteriosclerosis	unknown

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Jan 12, 1955 to March 9, 1961 and last saw her alive on 3/1/61
Death occurred at 6:00 a. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Sharon E. Waggoner M.D.
22b. ADDRESS: 301 Illinois Ave St. Joseph, Missouri
22c. DATE SIGNED: 3/10/61

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 3/11/1961
23c. NAME OF CEMETERY OR CREMATORY: Blakely Cemetery
23d. LOCATION (City, town, or county) (State): Buchanan County Missouri

24. FUNERAL DIRECTOR: Heaton-Bowman ADDRESS: St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: Mar. 15, 1961
26. REGISTRAR'S SIGNATURE: Mrs. Clark Hardell

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF | CERTIFICATION

S.E. Waggoner, 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_____ Signed William Spaeding
Signature of Student Embalmer

Licensed Embalmer No. 4535

P. O. Address St Joseph, Mo

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.