SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-012736
STATE FILE NUMBER

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 340

FILED APR 17 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Length of stay in 1b: 73 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 2102 S. 14th St. — 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: St. Joseph — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2102 S. 14th — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First HENRIETTA Middle AGNES Last SCANLON
4. DATE OF DEATH: Month April Day 5, Year 1961

5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 2/14/1868
9. AGE (last birthday): 93 — 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): Des Moines
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Thomas Dubrigg
13b. MOTHER'S MAIDEN NAME: Roseanne Fine
14. NAME OF HUSBAND OR WIFE: Maurice J.

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: Mrs. Charles Bussjaeger, Address: 2102 S.14th 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): Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: Prior 1st visit
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerosis, generalized
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 1/26/61, to 4/5/61 and last saw her alive on 3/27/61
Death occurred at 4:35 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wm Redmond MD
22b. ADDRESS: St Joseph, Mo
22c. DATE SIGNED: 4/6/61

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 4/8/1961
23c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
23d. LOCATION (City, town, or county) (State): St. Joseph Mo.

24. FUNERAL DIRECTOR: Heaton-Bowman — ADDRESS: St.Joseph,Mo.
25. DATE RECD. BY LOCAL REG.: April 11, 1961
26. REGISTRAR'S SIGNATURE: Mrs. Clarke Goodell

(Licensed Embalmer's Statement on Reverse Side)

APR 19 1961

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 Eugene Wood

Signature of Student Embalmer

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, Ft Jo

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.