

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-016544

STATE FILE NUMBER

042

1000

551

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

AMENDED

**FILED JUN 5 1961**

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 65 Years  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Meth. Hosp. & Med. Cen. 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) 2211 Sylvania St. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
 Tribby Ann Haven May 25, 1961

5. SEX Female 6. COLOR OR RACE Negro 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH July 27, 1895 9. AGE (last birthday) 65  
 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 Home 11. BIRTHPLACE (City and state or country) St. Joseph, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William A. Washington 13b. MOTHER'S MAIDEN NAME Allie ? 14. NAME OF HUSBAND OR WIFE Eugene Haven

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 Theodore Washington, City 2211 Sylvania Street

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Coronary Embolus  
 DUE TO (b) Auricular Fibrillation  
 DUE TO (c) Rheumatic Carditis & Coronary  
 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) Congestive Failure  
 PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown  
 INTERVAL BETWEEN ONSET AND DEATH Seconds  
 4 years  
 Many years

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 Month, Day, Year a.m. p.m.

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 12-19-57 to May 25 1961 and last saw her alive on May 25 1961  
 Death occurred at 5:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Irvin Boreenthal M.D. 22b. ADDRESS St Joseph Mo 22c. DATE SIGNED 5-29-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE May 31, 1961 23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery 23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri

24. FUNERAL DIRECTOR ADDRESS Wm. H. Alexander, St. Joseph, Mo. 25. DATE RECD. BY LOCAL REG. June 2, 1961 26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

CERTIFICATION

K. J. Rosenthal, 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 Wm. H. Alexander

Licensed Embalmer No. 4450

P. O. Address 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.