

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020433

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

1000

651

STATE FILE NUMBER

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

FILED JUL 5 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

|                                                                                                                                                                                                                           |                                                                                                                      |                                                                                                                                                                      |                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Buchanan</b>                                                                                                                                                                            |                                                                                                                      | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>                          |                                                                                                                                                     |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Joseph, Missouri</b>                                                                                                                          |                                                                                                                      | Length of stay in 1b<br><b>55 Years</b>                                                                                                                              | c. CITY OR TOWN <b>St. Joseph, Missouri</b> Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                    |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>2705 Lafayette Wyatt Park Nursing Home</b>                                                                                              |                                                                                                                      | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                                 | d. STREET ADDRESS (If outside, give location)<br><b>RR #4</b> Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>LAURA</b> Middle <b>BOWZER</b> Last <b>CHANEY</b>                                                                                                                      |                                                                                                                      |                                                                                                                                                                      | 4. DATE OF DEATH<br>Month <b>June</b> Day <b>21</b> Year <b>1961</b>                                                                                |
| 5. SEX<br><b>Female</b>                                                                                                                                                                                                   | 6. COLOR OR RACE<br><b>White</b>                                                                                     | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><b>1/3/1878</b>                                                                                                                 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>                                                                                                           |                                                                                                                      | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Housewife</b>                                                                                                                | 9. AGE (last birthday)<br><b>83</b> IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min.                                                        |
| 11. BIRTHPLACE (City and state or country)<br><b>Avalon, Missouri</b>                                                                                                                                                     |                                                                                                                      | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>                                                                                                                         |                                                                                                                                                     |
| 13a. FATHER'S NAME<br><b>William Patterson</b>                                                                                                                                                                            |                                                                                                                      | 13b. MOTHER'S MAIDEN NAME<br><b>Elizabeth Cambell</b>                                                                                                                |                                                                                                                                                     |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>                                                                                                  |                                                                                                                      | 17. INFORMANT<br>Address <b>Daughter</b>                                                                                                                             |                                                                                                                                                     |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Compression fractures of 12th dorsal &amp; 2nd lumbar vertebrae incurred in a fall</b> |                                                                                                                      | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 month</b>                                                                                                                   |                                                                                                                                                     |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c)                                                                                                    |                                                                                                                      | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                                                                                                                                     |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Hypertension; arteriosclerosis</b>                                                |                                                                                                                      |                                                                                                                                                                      |                                                                                                                                                     |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                                                         | 20a. ACCIDENT <input checked="" 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.)<br><b>Injury incurred in a fall</b>                                     |                                                                                                                                                     |
| 20c. TIME OF INJURY<br>Hour <b>5:30</b> a.m. Month, Day, Year <b>5/21/61</b>                                                                                                                                              |                                                                                                                      |                                                                                                                                                                      |                                                                                                                                                     |
| 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.)<br><b>Home 1204 Douglas</b> | 20f. CITY, TOWN, OR LOCATION<br><b>St. Joseph, Buchanan, Mo</b>                                                                                                      | COUNTY STATE                                                                                                                                        |
| 21. I attended the deceased from <b>6/13/61</b> to <b>6/21/61</b> and last saw her alive on <b>6/18/61</b>                                                                                                                |                                                                                                                      | Death occurred at <b>6:50 AM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.                                                |                                                                                                                                                     |
| 22a. SIGNATURE (Degree or title)<br><b>Wm Redmond MD</b>                                                                                                                                                                  |                                                                                                                      | 22b. ADDRESS<br><b>St. Joseph, Mo.</b>                                                                                                                               | 22c. DATE SIGNED<br><b>6/26/61</b>                                                                                                                  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>                                                                                                                                                                | 23b. DATE<br><b>June 24, 1961</b>                                                                                    | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Olivet Cemetery</b>                                                                                                     | 23d. LOCATION (City, town, or county) (State)<br><b>St. Joseph, Missouri</b>                                                                        |
| 24. FUNERAL DIRECTOR<br><b>Meierhoffer-Fleeman F.H. St. Joseph, Mo.</b>                                                                                                                                                   |                                                                                                                      | 25. DATE RECD. BY LOCAL REG.<br><b>June 28, 1961</b>                                                                                                                 | 26. REGISTRAR'S SIGNATURE<br><b>Mrs. Clark Goodell</b>                                                                                              |

Wm Redmond MD AFFIDAVIT

1961 9 700

**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 Raymond B. Hooy

Licensed Embalmer No. 5147

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.