

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

1000

593

-61-020445

STATE FILE NUMBER

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

FILED JUN 19 1961

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 11 Yrs.	c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF DECEASED IF NOT in hospital, give location HOSPITAL OR INSTITUTION Missouri Methodist Hospital			d. STREET ADDRESS (If outside, give location) 2614 Union Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Willard Middle Ray Last Earixson			4. DATE OF DEATH Month June Day 7 Year 1961		
5. SEX Male	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 Sept. 10, 1894	9. AGE (last birthday) 66	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Polsky Motor Co.	11. BIRTHPLACE (City and state or country) Gentry Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Willard Earixson		13b. MOTHER'S MAIDEN NAME Nerve Good		14. NAME OF SPOUSE OR WIFE Ina Mae Earixson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None			17. INFORMANT Address Elmo E. Earixson 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) Coronary occlusion					Seconds
DUE TO (b) Arteriosclerotic Heart Disease					5 years +
DUE TO (c) Arteriosclerosis Generalized					5 years +
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Alcohol Hemiplegia St					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
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. Month, Day, Year		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 2-12-59 to 6-7-61 and last saw him alive on 5-3-60 Death occurred at 10:45 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Irwin Rosenthal M.D.			22b. ADDRESS St Joseph Mo		22c. DATE SIGNED 6-9-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 10, 1961	23c. NAME OF CEMETERY OR CREMATORY Carmack Cemetery	23d. LOCATION (City, town, or county) (State) Albany, Missouri		
24. FUNERAL DIRECTOR Meierhoffer-Fleeman Inc. St. Joseph, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. June 13, 1961	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell	

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF *Irwin Rosenthal, M.D.* MEDICAL CERTIFICATION

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 *Eric J. Chumy*

Licensed Embalmer No. 4679

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.