

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024139

AMENDED Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 766 STATE FILE NUMBER

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 50 years
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Methodist Hospital Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 5907 King Hill Ave. Reside on Farm 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) 5907 King Hill Ave. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Edith Middle Eda Last Jones
4. DATE OF DEATH Month July Day 28 Year 1961

5. SEX Female **6. COLOR OR RACE** White **7. Married** Never Married Widowed Divorced
8. DATE OF BIRTH Apr. 23, 1882 **9. AGE** (last birthday) 79 **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) Sellin, Germany **12. CITIZEN OF WHAT COUNTRY** USA

13a. FATHER'S NAME Carl J. Tharman **13b. MOTHER'S MAIDEN NAME** Bertha Schmidtke **14. NAME OF HUSBAND OR WIFE** Augustus Jones

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. W. J. Kenney 373 W. Indiana Ave. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cerebral Hemorrhage
 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)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown
 INTERVAL BETWEEN ONSET AND DEATH 3-18-61

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 Mar 18 - 1961 to July 28 - 61 and last saw her ^{her} alive on July 25 - 1961
 Death occurred at 4:00 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Albert H. Muench M.D. **22b. ADDRESS** St. Joseph Mo **22c. DATE SIGNED** 7-31-61

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

24. FUNERAL DIRECTOR ADDRESS Clark Funeral Home St. Joseph, Mo. **25. DATE RECD. BY LOCAL REG.** Aug 2, 1961 **26. REGISTRAR'S SIGNATURE** Mrs. Clark Hardell

DATE AMENDED
 INSTEAD OF
 BY AFFIDAVIT OF
 SHOULD READ

DOCUMENT
 MEDICAL CERTIFICATION
 A.H. Muench

SEP 21 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 _____
Signature of Student Embalmer

Signed Alvin E. Boyan

Licensed Embalmer No. 4795

P. O. Address St. Joseph, Pa.

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.