

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024195  
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 738

**FILED JUL 31 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 6 Years  
c. FULL NAME OF HOSPITAL OR INSTITUTION No. West Mo. Nurs. Home 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) 634 South 7th Street Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Mae Middle West Last Stanford  
4. DATE OF DEATH Month July Day 19 Year 1961

5. SEX Female 6. COLOR OR RACE Negro 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH Jan. 13, 1900 9. AGE (last birthday) 61  
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) Mapleton, Kansas 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Will West 13b. MOTHER'S MAIDEN NAME Elizabeth Graham 14. NAME OF HUSBAND OR WIFE Jorden Stanford

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. Unknown 17. INFORMANT Mrs Ruthann Hawkins, 634 S. &th St. Address City

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Acute Cerebral Hemorrhage  
DUE TO (b) Multiple small Cerebral Hemorrhages  
DUE TO (c) \_\_\_\_\_  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH 2 wks.  
Ukn.

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

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 6-28-61 to 7-19-61 and last saw her ~~him~~ alive on 7-18-61  
Death occurred at 10:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE D. E. Skelner M.D. (Degree or title) 22b. ADDRESS Social Welfare Board, Patee Hall 10th & Olive, St. Joseph, Mo. 22c. DATE SIGNED 7-20-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE July 22, '61 23c. NAME OF CEMETERY OR CREMATORY Sunbridge Cemetery 23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri

24. FUNERAL DIRECTOR Wm. H. Alexander ADDRESS St. Joseph, Mo. 25. DATE RECD. BY LOCAL REG. July 21, 1961 26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

D. E. Skelner, 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 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.