

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

33087

State File No. _____

FILED OCT 17 1949

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1073</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph, Mo.</u>		c. LENGTH OF STAY (In this place) <u>26 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph, Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1201 Corby Street</u>				d. STREET ADDRESS (If rural, give location) <u>1201 Corby Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carrie</u>		b. (Middle) <u>Elizabeth</u>		c. (Last) <u>Phillips</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 1, 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 11, 1882</u>	
9. AGE (In years last birthday) <u>66</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 YEAR Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Ft. Scott, Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>James Nesselroad</u>		13b. MOTHER'S MAIDEN NAME <u>Laura E. Sivey</u>		14. NAME OF HUSBAND OR WIFE <u>Charles</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Charles Phillips 1201 Corby</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HYPERTENSIVE HEART DISEASE</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSION</u> DUE TO (c) <u>NEPHRITIS CHRONIC</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 YRS</u> <u>5 YRS</u> <u>UNKNOWN</u> <u>592X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>MAY</u> , 1948, to <u>1 OCT</u> , 1949, that I last saw the deceased alive on <u>30 SEPT</u> , 1949, and that death occurred at <u>2:40 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Clemens C. G. Monahan</u>				23b. ADDRESS <u>St. Joseph Mo</u>		23c. DATE SIGNED <u>1 Oct 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/3/1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 12, 1949</u>		REGISTRAR'S SIGNATURE <u>E. G. Jenkins</u>		FURNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Norman W. Sidenblad 1802 Union</u>			
(Licensed Embalmer's Statement on Reverse Side)							

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed.....
Student Embalmer

Signed.....
Robert H. Yapple

Licensed Embalmer No. *3306*

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 this body is not embalmed, fact should be so stated above.