

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000277

STATE FILE NUMBER

FEB 9 1959

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

117

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)
TOWN St. Joseph

Inside Limits
Yes ☒ No ☐

c. CITY
OR TOWN

St. Joseph

6117
0

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 3017 S. 18th

Length of stay in lb
21 years

d. STREET
ADDRESS

(If outside, give location)

3017 S. 18th

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

PEARL

ETCHISON

4. DATE
OF DEATH

Month

Day

Year

Jan. 29, 1959

5. SEX

female

6. COLOR OR RACE

white

7. MARRIED ☒ NEVER MARRIED ☐
WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH

Sept. 3, 1898

9. AGE (In years
last birthday)

60

10. UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Waitress

10b. KIND OF BUSINESS OR
INDUSTRY
Restaurant

11. BIRTHPLACE (City and state or country)

Barada, Nebr.

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

unknown

13b. MOTHER'S MAIDEN NAME

unknown

14. NAME OF HUSBAND OR WIFE

Clarence

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

Address

Clarence Etchison, 3017 S. 18th, St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic heart disease

INTERVAL BETWEEN
ONSET AND DEATH

months

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

General arteriosclerosis

years

DUE TO (c)

Exposure to extreme cold.

hours.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

4200F

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 Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK 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 Jan 29, 1959 to and last saw her alive on
Death occurred at Body found 1:09 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

S. E. Meloney - M.D.

22b. ADDRESS

Kirkpatrick Bldg St Joseph Mo

22c. DATE SIGNED

1/29/1959

23a. BURIAL, CREMATION,
REMOVAL (Specify)

burial

23b. DATE

1/31/1959

23c. NAME OF CEMETERY OR CREMATORY

Long Branch Cemetery

23d. LOCATION (City, town, or county)

Andrew County, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Hester-Bowman

St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

Jan 30, 1959

26. REGISTRAR'S SIGNATURE

Mrs. Clark Standell

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Dr. S. E. Meloney

300
1-57

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.....

Licensed Embalmer No.

P. O. Address.....

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.