

FILED FEB 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4105

| | | | | | | | | | |
|---|-------------------------------|---|--|---|---|--|---|--------------------------|-------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>42</u> | | PRIMARY REG. DIST. NO. <u>1000</u> | | Registrar's No. <u>191</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution's residence before death.) 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</u> | | c. LENGTH OF STAY (In this place) <u>6 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>906 W. Valley St.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>906 W. Valley St.</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print): a. (First) <u>Josephine</u> | | | b. (Middle) | | c. (Last) <u>Parker</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>2 9 1949</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Divorced</u> | | 8. DATE OF BIRTH <u>Jan 19, 1882</u> | 9. AGE (In years last birthday) <u>67</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
| 10a. USUAL OCCUPATION (Give kind of work determining mode of death, even if retired) <u>housekeeper</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | | 11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |
| 13a. FATHER'S NAME <u>Unknown</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George W. Parker, Halls, Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Acute Myo-Carditis 4/017</u> DUE TO (c) <u>Woman died suddenly while out in the coal shed at her home. She was last seen alive on Feb 9th, 1949.</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>2 weeks</u> | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>The bucket 3/4 full of coal was standing near by she was laying face forward grasping a handful of coal in her right hand!</u> | | | | | 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) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | | |
| 22. I hereby certify that I attended the deceased from <u>on Feb 11, 1949</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:04 P. m.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>H. F. Mundy M.D., Coroner</u> | | | | 23b. ADDRESS <u>St. Joseph Mo 404603d.</u> | | 23c. DATE SIGNED <u>2-12-49</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>2/14/1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>Feb. 15, 1949</u> | | REGISTRAR'S SIGNATURE <u>G. C. Jenkins</u> | | 3825 FEDERAL DIRECTOR'S SIGNATURE <u>John C. Rupp</u> | | ADDRESS <u>St. Joseph, Mo.</u> | | | |

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 _____

John E. Repp

Licensed Embalmer No. 3986

P. O. Address _____

St. Joseph, Mo.

Signed _____
Student Embalmer

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.