

FILED JUL 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **22655**BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 796

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</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>45 years</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>424 Haerberle Street</u>		d. STREET ADDRESS (If rural, give location) <u>424 Haerberle Street</u>	
3. NAME OF DECEASED a. (First) <u>Harry</u> b. (Middle) <u>Orville</u> c. (Last) <u>Valentine</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 17 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>February 28, 1890</u>
9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Furnace Man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Chatham Furnace Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Corning, Kansas.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>George Valentine</u>		13b. MOTHER'S MAIDEN NAME <u>Nettie Randall</u>	14. NAME OF HUSBAND OR WIFE <u>Mathilda Valentine</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>*** ***</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Milton H. Valentine</u> ADDRESS <u>St. Joseph, Mo.</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>Generalized carcinomatosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Do not know where it started,</u> <u>In neck and upper left lung</u> DUE TO (c) <u>at first examination Apr. 13, 1949</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>4.20.49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Epidermoid Carcinoma - Biopsy from neck</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) m.		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>Apr 13, 1949</u> , to <u>July 17, 1949</u> that I last saw the deceased alive on <u>July 16, 1949</u> , and that death occurred at <u>11:00P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. Grant M.D.</u>		23b. ADDRESS <u>St. Joseph, Mo</u>	23c. DATE SIGNED <u>7.18.49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 19, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph Missouri.</u>
DATE REC'D BY LOCAL REG. <u>July 20, 1949</u>	REGISTRAR'S SIGNATURE <u>B. B. Jenkins</u> 382	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hatten Keierhoffer</u> ADDRESS <u>1946 Colhoun St. St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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, ~~*****~~

***** ** *****

Student Embalmer No. *****

working under my personal supervision.

***** **

Student
Student Embalmer

Signed

Raymond W. Marche

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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