

FILED APR 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11969

State File No.

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 447

| | | | | | | | | | |
|--|--|--|--|--|--|--|---|---|--|
| 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> <u>0117</u> | | | | | |
| c. LENGTH OF STAY (In this place) <u>25 Years</u> | | | | d. STREET ADDRESS (If rural, give location) <u>2717 Lafayette Street</u> | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2717 Lafayette Street</u> | | | | d. STREET ADDRESS (If rural, give location) <u>2717 Lafayette Street</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> | | | b. (Middle) <u>Bridget</u> | | c. (Last) <u>Carey</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 11 1950</u> | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>Never Married</u> | | 8. DATE OF BIRTH <u>Feb. 11, 1867</u> | | 9. AGE (In years last birthday) Months Days Hours Min. <u>83</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | | 11. BIRTHPLACE (State or foreign country) <u>Buchanan County, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>John H. Carey</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Nancy W. Gilmore</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Single</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>Miss Frances A. Carey 2717 Lafayette</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>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) 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 1/2 H</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) 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>April 10, 1950</u> , to <u>April 11, 1950</u> , that I last saw the deceased alive on <u>April 10, 1950</u> , and that death occurred at <u>4:30 Am.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>Thomas J. Byrnes, Jr.</u> (Degree or title) | | | | 23b. ADDRESS <u>St. Joseph, Mo.</u> | | | | 23c. DATE SIGNED <u>4-11-50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>4-13-1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u> | | | |
| DATE REC'D BY LOCAL REG. <u>Apr 14, 1950</u> | | REGISTRAR'S SIGNATURE <u>E. G. Jenkins</u> <u>382</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman W. Sedenfaden</u> | | | ADDRESS <u>1802 Union</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

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 _____

.....
working under my personal supervision.

Student
Student Embalmer

Signed *Robert H. Apple*
Student Embalmer No.

Licensed Embalmer No. *3308*

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.