

FILED MAY 1 1950

STANDARD CERTIFICATE OF DEATH

State File No. 12055

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 499

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

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, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 30 yrs		d. STREET ADDRESS (If rural, give location) 706 Locust Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 706 Locust Street			

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) **** c. (Last) Segall			4. DATE OF DEATH (Month) (Day) (Year) April 17, 1950					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH About 1871	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Russia. 6		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Samuel Burnett	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE A. D. Segall
--------------------------------------	--------------------------------------	---------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) ***** None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Martin Harris	ADDRESS St. Joseph, Missouri
----------------------------------------------------------------------	---------------------------------------------------------------------------	---------------------------------------------------------	---------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		
	ANTECEDENT CAUSES DUE TO (b) coronary sclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension		4201	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 9-____, 19 49, to 4-17-____, 19 50, that I last saw the deceased alive on 4-17-____, 19 50, and that death occurred at 3:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE F. Handler	(Degree or title) M.D.	23b. ADDRESS 311 Physician & Surgeons, St. Joseph, Mo.	23c. DATE SIGNED 4-18-50
------------------------------	---------------------------	-----------------------------------------------------------	-----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 18, 1950	24c. NAME OF CEMETERY OR CREMATORY Shaare Sholem Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.
-----------------------------------------------------	-----------------------------	--------------------------------------------------------------	------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. April 26, 1950	REGISTRAR'S SIGNATURE G. L. Jenkins	382	25. FUNERAL DIRECTOR'S SIGNATURE Walter Meierhoff	ADDRESS 1046 Colhoun St. St. Joseph, Mo.
--------------------------------------------	----------------------------------------	-----	------------------------------------------------------	---------------------------------------------

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 *****
Student Embalmer

Signed *Charles E. Harrington*
Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.