

No. 300
10.48

FILED OCT 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29522

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1092

1. PLACE OF DEATH a. 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)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> d. STREET ADDRESS (If rural, give location) <u>6121 Pryor Ave.</u>	
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3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>N.</u> c. (Last) <u>SINISON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9 30 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10-30-1876</u>	9. AGE (In years last birthday) <u>73</u>	10. MONTHS <u>7</u>	11. DAYS <u>30</u>	12. HOURS <u>30</u>	13. MIN. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Topeka, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John L. Nussbaum</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Schreck</u>	14. NAME OF HUSBAND OR WIFE <u>H.G. Sinison</u>
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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>H.G. Sinison, 6121 Pryor Ave.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u>		<u>18 1/2 HRS.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auricular Fibrillation</u> DUE TO (c) <u>Chronic Graves Disease</u>		<u>24 HRS.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Inanition and Debilitation</u> <u>Senility.</u>		<u>20 YRS.</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from MAR 15, 1950, to SEPT 24, 1950, that I last saw the deceased alive on SEPT 30, 1950, and that death occurred at 10:10A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lambert H. Pearson D.O.T.</u>	23b. ADDRESS <u>6207 King Hill</u>	23c. DATE SIGNED <u>9/30/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-2-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oddfellows</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Sept. 30, 1950</u>	REGISTRAR'S SIGNATURE <u>H. G. Jenkins</u>	5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>St. Joseph, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.

Licensed Embalmer No. 3986

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.