

FILED APR 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11593**
Registrar's No. **278**

BIRTH NO. **20550-51** REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

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, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Joseph 0117	
c. LENGTH OF STAY (in this place) 2 day		d. STREET ADDRESS (If rural, give location) 628 Powell	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph's Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Wm.	c. (Last) Domini	4. DATE OF DEATH (Month) (Day) (Year) 3 3 51
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 3-1-51	9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months 2	IF UNDER 12 HRS. Hours 56	Min. hrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St Joseph, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME Marie Domini	14. NAME OF HUSBAND OR WIFE
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Marie Domini	ADDRESS 628 Powell
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 56 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis, fetal		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7620			

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)
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 **3-1**, 1951, to **3-3**, 1951, that I last saw the deceased alive on **3-3**, 1951, and that death occurred at **11** a.m., from the causes and on the date stated above.

23a. SIGNATURE Wm. B. Powell	(Degree or title) 0	23b. ADDRESS 511 Commercial	23c. DATE SIGNED 4-9-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3/5/51	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
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DATE REC'D BY LOCAL REG. Apr 25, 1951	REGISTRAR'S SIGNATURE Carl C. Casper	25. FUNERAL DIRECTOR'S SIGNATURE Black Funeral Home	ADDRESS St Joseph
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE PERMANENT RECORD

corrected copy

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 *Louis J. Lehman*

Licensed Embalmer No. *4679*

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.