

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19517**
Registrar's No. **673**

FILED JUL 2 - 1951
BIRTH NO. _____ 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		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION D.O.A. St. Joseph's Hosp.		d. STREET ADDRESS (If rural, give location) 2600 So. 3rd	

3. NAME OF DECEASED (Type or Print)	a. (First) Isaac	b. (Middle) Lemon	c. (Last) Viar	4. DATE OF DEATH (Month) (Day) (Year) June 24, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 7, 1883	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Impounder	10b. KIND OF BUSINESS OR INDUSTRY City of St. Joseph Floyd Co. Va.	11. BIRTHPLACE (State or foreign country) U.S.A.	12. COUNTRY OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jackson Viar	13b. MOTHER'S MAIDEN NAME Minerva Young	14. NAME OF HUSBAND OR WIFE Florence Viar
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 541-26-3327	17. INFORMANT'S SIGNATURE OR NAME Mrs Florence Viar	ADDRESS 2600 So. 3rd
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis			4 Mos
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myo-Carditis DUE TO (c) General Arteriosclerosis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			3 yrs	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	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)	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 ^{viewed} the deceased ~~born~~ **on 6/25, 1851** to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **4:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE H F Mundy M.D. (Coroner)	(Degree or title)	23b. ADDRESS St Joseph mo	23c. DATE SIGNED 6/25/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 27, 1951	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
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DATE REC'D BY LOCAL REG. June 26, 1951	REGISTRAR'S SIGNATURE Carl C. Rust	25. FUNERAL DIRECTOR'S SIGNATURE Herman W. Sidenhader	ADDRESS 1802 University
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(Licensed Embalmer's Statement on Reverse Side)

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

0117
3

0117
0

22
OK

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.

Signed Robert H. Apple

Signed
Student Embalmer

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.