

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26163

State File No. ....

866

Registrar's No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

**I. PLACE OF DEATH**  
a. COUNTY Buchanan  
b. CITY (If outside corporate limits, write RURAL and give town/ship) OR TOWN St. Joseph  
c. LENGTH OF STAY (in this place) 4-years  
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1013 Grand Ave.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Buchanan  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph  
d. STREET ADDRESS (If rural, give location) 1013 Grand Ave.

**3. NAME OF DECEASED**  
a. (First) Addie b. (Middle) \_\_\_\_\_ c. (Last) Black  
4. DATE OF DEATH (Month) (Day) (Year) August 10, 1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH July 22, 1864 9. AGE (in years last birthday) 87 10. MONTHS 1 11. DAYS 1 12. HOURS 1 13. MIN. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife 10b. KIND OF BUSINESS OR INDUSTRY Own Home 11. BIRTHPLACE (State of foreign country) St. Joseph, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME David Shepperd 13b. MOTHER'S MAIDEN NAME Mary Hughes 14. NAME OF HUSBAND OR WIFE Fred

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Mrs Myrtle S. Davis ADDRESS 1013 Grand Ave.

**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) Cerebral apoplexy  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Hypertension  
DUE TO (c) Age  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hrs  
?

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO  334X

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from July 9, 1951, to Aug 10, 1951, that I last saw the deceased alive on Aug 9, 1951, and that death occurred at 4:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE Leslie Beckm... (Degree or title) \_\_\_\_\_ 23b. ADDRESS King Hill Bldg 23c. DATE SIGNED 8/10/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Aug. 13, 1951 24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery 24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri

DATE REC'D BY LOCAL REG. Aug 15, 1951 REGISTRAR'S SIGNATURE Carl C. Castle 25. GENERAL DIRECTOR'S SIGNATURE Stanley F. Howe ADDRESS 2335 St. Joseph Ave.

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Elmer Thomas*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *2640*

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.