

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27748

State File No. ....

No. 300  
10.48

FILED AUG 24 1953

BIRTH NO. 49741 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 897

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. 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) <u>3 hrs - 50 min</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0117</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>630 1/2 Powell St.</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>	b. (Middle) <u>LUCILLE</u>	c. (Last) <u>BEST</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 15, 1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Aug. 14, 1953</u>
9. AGE (In years last birthday) <u>3</u>		10. UNDER 1 YEAR (Months) <u>50</u>	10. UNDER 24 HRS. (Hours) (Min.) <u>3</u> <u>50</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Joseph, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>Edward Best</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Roady</u>	14. NAME OF HUSBAND OR WIFE <u>None</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 <u>Mr. Edward Best, St. Joseph, Mo.</u>	ADDRESS
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	<u>Pseudencephalic Monster</u>	<u>From birth</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>Achondrodystrophic Dwarfism with generalized faulty bone and soft tissue development (congenital)</u>	<u>From birth</u>
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<u>Bilateral club feet</u>	<u>From birth</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>750X</u>	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) (Min.)	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 Aug 14, 1953, to Aug 15, 1953, that I last saw the deceased alive on Aug 14, 1953, and that death occurred at 2:10 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thompson P. Potter M.D.</u>	23b. ADDRESS <u>731 Faraon St., City</u>	23c. DATE SIGNED <u>8-15-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 15, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge</u>
24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>Aug 20, 1953</u>	REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor J. Barry St Joseph Mo</u>	ADDRESS
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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 <sup>NOT</sup> was embalmed by me, or by \_\_\_\_\_

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

working under my personal supervision.

Student .....

Student Embalmer

Signed Victor J. Barry

Licensed Embalmer No. 4212

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.