

STANDARD CERTIFICATE OF DEATH

State File No. **35100**

FILED OCT 26 1953

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1105**

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) St. Joseph		c. LENGTH OF STAY (in this place) 8 yrs		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		d. STREET ADDRESS (If rural, give location) 1913 St. Joseph Avenue				
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. Methodist Hospital										
3. NAME OF DECEASED (Type or Print) a. (First) VELMA		b. (Middle) Z		c. (Last) PRESLEY		4. DATE OF DEATH (Month) Oct. (Day) 14 (Year) 1953				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 11, 1904		9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life) Restaurant Employee & Housewife			10b. KIND OF BUSINESS OR INDUSTRY Restaurant Industry Home			11. BIRTHPLACE (State or foreign country) Oklahoma		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME William Ames			13b. MOTHER'S MAIDEN NAME Minnie Mays			14. NAME OF HUSBAND OR WIFE Charles Presley				
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. 486-24-6221		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Presley St. Joseph, Mo.						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)										
MEDICAL CERTIFICATION										
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombi										
INTERVAL BETWEEN ONSET AND DEATH 5min										
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.										
ANTECEDENT CAUSES										
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.										
DUE TO (b) Post Surgical										
DUE TO (c) Renal Calculi & Nephrosis										
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										
19a. DATE OF OPERATION Oct 1, 1953		19b. MAJOR FINDINGS OF OPERATION Renal Calculi						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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 Feb 20 , 19 53 , to Oct 14 , 19 53 that I last saw the deceased alive on Oct 14 , 19 53 , and that death occurred at 12 Noon , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) Brady K. Fleming D.O. 2				23b. ADDRESS 1906 St. Joseph Ave, City			23c. DATE SIGNED 10-14-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 16, 1953	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri					
DATE REC'D BY LOCAL REG. Oct 20, 1953		REGISTRAR'S SIGNATURE Guthrie W. Allison			FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stanley Funeral Home St. Joseph, Mo.					

(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.

Student Embalmer No.....

Signed.....

John Roy Stawey

Signed.....
Student Embalmer

Licensed Embalmer No. *2435*

P. O. Address *H. Joseph*

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.