S. No. 300
V. 10.48

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

FILED JAN 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42161

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1338

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (In this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Methodist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural: Washington Twsp. 0110 1
d. STREET ADDRESS (If rural, give location): 2 miles east of city limits on highway #36

3. NAME OF DECEASED (Type or Print)
a. (First): Nurdeane
b. (Middle): E.
c. (Last): Saphir

4. DATE OF DEATH (Month) (Day) (Year): December 22, 1953

5. SEX: female 1
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single C
8. DATE OF BIRTH: April 2, 1902
9. AGE (In years last birthday): 51 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Private Secratary
10b. KIND OF BUSINESS OR INDUSTRY: Constructions Co.
11. BIRTHPLACE (State or foreign country): St. Joseph, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Edward J. Saphir
13b. MOTHER'S MAIDEN NAME: Elizabeth Ann Chamberlin
14. NAME OF HUSBAND OR WIFE: ---------

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.: 486-03-2504
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Will Hart, R.R.#1, St. Joseph, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma Ovary Rt. — INTERVAL BETWEEN ONSET AND DEATH: 1 mo 22 days

ANTECEDENT CAUSES

Morbid 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. Metastatic Carcinoma Liver — 1 mo. 22 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 175 X
20. AUTOPSY? YES ☐ NO ☑

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) m.
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* 11-6-53, 19____, *to* 12-22-53, 19____, *that I last saw the deceased alive on* 12-21, 1953 *and that death occurred at* 3:40a. *m., from the causes and on the date stated above.*

23a. SIGNATURE: N C Simms MD (Degree or title)
23b. ADDRESS: 207 DIS Bldg St Joseph Mo
23c. DATE SIGNED: 12-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 12/28/1953
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
24d. LOCATION (City, town, or county) (State): St. Joseph, Mo.

DATE REC'D BY LOCAL REG.: Dec 30, 1953
REGISTRAR'S SIGNATURE: Ivy P. Baluer By Ray Heaton — Esther M. Allison
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Bowman Funeral Home St Joseph Mo

475-D

(Licensed Embalmer's Statement on Reverse Side)

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 W E Edmonston

Licensed Embalmer No. 4791

P. O. Address 319 So 10 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.