

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. **FILED FEB 15 1954** REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 134

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Buchanan</u> b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>St. Joseph</u> c. LENGTH OF STAY (in this place) <u>1 yr 3 m. 11 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 8</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Industrial City</u> d. STREET ADDRESS (If rural, give location) <u>R. F. D. # 2, 0110 1</u>	
<b>3. NAME OF DECEASED</b> a. (First) <u>JESSIE</u> b. (Middle) <u>May</u> c. (Last) <u>APPLEBY</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>2-5-1954</u>	
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>6-1-1886</u>
<b>9. AGE</b> (In years last birthday) <u>67</u>		<b>10. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Home making</u>	
<b>11. BIRTHPLACE</b> (State or foreign country) <u>Marionville, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>George Pat Regin</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Martha Brown</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>deceased</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
<b>16. SOCIAL SECURITY NO.</b> <u>none</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Forest Appleby - Industrial City Mo, R.F.D. #2</u>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>chronic myocarditis</u> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis</u> DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	
<b>18. CAUSE OF DEATH</b> (continued)		<b>19a. DATE OF OPERATION</b>	
<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE OR HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> / 221		<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	
<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <u>8-31-1953</u> to <u>2-5-1954</u>, that I last saw the deceased alive on <u>2-5-1954</u>, and that death occurred at <u>8:19 p.m.</u>, from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <u>Robert Thomas</u>		<b>23b. ADDRESS</b> <u>M.D., 9 State Hospital No. 8, St. Joseph, Mo.</u>	
<b>23c. DATE SIGNED</b> <u>2-5-1954</u>		<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	
<b>24b. DATE</b> <u>Feb. 8, 1954</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Oakland Cemetery</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Joseph, Mo.</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>485 - C Barry Funeral Home, St. Joseph</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>Feb 10, 1954</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Kathie M. Allison</u>	

**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 Charles M. Harmon

Licensed Embalmer No. 4487

P. O. Address Wathena, 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.