

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 8 1954 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5100 Block on Lake Avenue		d. STREET ADDRESS (If rural, give location) 1513 Fourth Avenue	

3. NAME OF DECEASED a. (First) BENJAMIN b. (Middle) HARRISON c. (Last) NIDAY			4. DATE OF DEATH (Month) (Day) (Year) Jan. 27 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 24, 1888	9. AGE (In years last birthday) 65	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or locality, country) Omaha Nebraska	12. CITIZEN OF WHAT COUNTRY? U S A	

13a. FATHER'S NAME John Newton Niday		13b. MOTHER'S MAIDEN NAME Margaret Christopher		14. NAME OF HUSBAND OR WIFE Gertie Niday	
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. 707-05-7766		17. INFORMANT'S SIGNATURE OR NAME Mrs. Gertie Niday ADDRESS 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Coronary Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <i>Man died suddenly while driving his car going south on Lake Ave. in the 5100 block</i>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>on Lake Ave. in the 5100 block</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <i>There is no history of recent serious illness</i>		21. HOW DID INJURY OCCUR _____	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or on 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 *Jan 27, 1954* to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at *5:00A* m., from the causes and on the date stated above.

23a. SIGNATURE <i>H F Mundy M.D. (Coroner)</i>		23b. ADDRESS <i>St Joseph Mo</i>		23c. DATE SIGNED <i>1/27/54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-30-54		24c. NAME OF CEMETERY OR CREMATORY Birchwood Cemetery	
24d. LOCATION (City, town, or county) Clarinda		24e. (State) Iowa			

DATE REC'D BY LOCAL REG. <i>Feb 2, 1954</i>		REGISTRAR'S SIGNATURE <i>Walter M. Allison</i>		25. GENERAL DIRECTOR'S SIGNATURE <i>Stamen Funeral Home St Joseph, Mo</i>	
---------------------------------------------	--	------------------------------------------------	--	---------------------------------------------------------------------------	--

(Licensed Embalmers' Statement on Reverse Side)

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

APR 7 1954

APR 6 1954

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 Charles E. Bennett

Signed.....
Student Embalmer

Licensed Embalmer No. 4625

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.