

FILED JUN. 14 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14993**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **580**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>5 years</b>		c. CITY OR TOWN <b>St. Joseph</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>905 Lincoln St.</b>		e. STREET ADDRESS (If rural, give location) <b>905 Lincoln St.</b> <b>01170</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Emory</b>			b. (Middle) <b>M.</b>			c. (Last) <b>Mehaffie</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 3, 1954</b>		
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>June 23, 1868</b>		9. AGE (In years last birthday) <b>85</b>		10. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ret. farmer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>farm</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Osborn, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>Alexander Mehaffie</b>			13b. MOTHER'S MAIDEN NAME <b>Sarah Jane Young</b>			14. NAME OF HUSBAND OR WIFE <b>Sallie</b>		
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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) <b>no</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Emory Mehaffie, 905 Lincoln St. Joseph, Mo.</b>			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart Disease - Chronic Myocardial &amp; Decompensation</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2 months</b>	
		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. <b>Arteriosclerosis General 5 yrs.</b>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>1222</b>				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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **5-5-54**, 19\_\_\_\_, to **6-3-54**, 19\_\_\_\_, that I last saw the deceased alive on **6-2-54**, 19\_\_\_\_, and that death occurred at **7:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>N. C. Senne MD</b>		23b. ADDRESS <b>207 095 Bldg ST. Joseph</b>		23c. DATE SIGNED <b>6-4-54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6/6/1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Osborn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Osborn, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>June 7, 1954</b>		REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b> <b>485</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Heaton - Bowman - St. Joseph, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....*William Spalding*.....

Licensed Embalmer No. *4535*.....

P. O. Address *315 11th St*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.