

FILED MAY 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15005

BIRTH NO.		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 489
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) 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 Mo. Metho. Hospital		d. STREET ADDRESS (If rural, give location) 2515 Lafayette St. 0117		
3. NAME OF DECEASED (Type or Print) a. (First) JAMES		b. (Middle) B.		c. (Last) REES
4. DATE OF DEATH (Month) (Day) (Year) May 9, 1954				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 3, 1892	9. AGE (In years last birthday) 61
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Checker		10b. KIND OF BUSINESS OR INDUSTRY Brewing Co.	11. BIRTHPLACE (State or foreign country) Hamburg, Iowa	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Sylvester Rees		13b. MOTHER'S MAIDEN NAME Lula Harris	14. NAME OF HUSBAND OR WIFE Mary E.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If you, give war or dates of service) 491-10-8490	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Rees, 2515 Lafayette St., City ADDRESS		
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) Bilateral Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Aplastic anemia - unknown cause DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cholelithiasis Cholecystitis		INTERVAL BETWEEN ONSET AND DEATH 6 days unknown 2924 ?
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			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) m.	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 Apr 14, 1954, to May 9, 1954, that I last saw the deceased alive on May 9, 1954, and that death occurred at 8:20P m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) John L. Berk M.D.		23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 5-11-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 11, 1954	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. May 13, 1954	REGISTRAR'S SIGNATURE 485 Esther M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heaton Bowman 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed W.E. Edmonstone

Licensed Embalmer No. 4791

P. O. Address 319 So 10 St. 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.