

FILED JUN 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17956

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 631	
1. PLACE OF DEATH a. COUNTY <u>Duchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Duchanan</u>			
b. CITY OR TOWN <u>St Joseph</u>		c. LENGTH OF STAY (in this place) <u>14.9 mo</u>		c. CITY OR TOWN <u>St Joseph</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dale Hospital no 2</u>				e. STREET ADDRESS (If rural, give location) <u>2406 Jason St. 01170</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Amy</u>			b. (Middle) <u>E</u>		c. (Last) <u>Chute</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 15 54</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Jan. 18, 1878</u>		9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>29</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>James M. Guere</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Edward</u>		14. NAME OF HUSBAND OR WIFE <u>not given</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Edna Neudrich St Joseph Mo</u>			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
	ANTECEDENT CAUSES DUE TO (b) <u>arteriosclerosis</u>						
	DUE TO (c) _____						
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile Psychosis</u>						
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) <u>St Joseph Mo</u>			
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? <u>4/221</u>			
22. I hereby certify that I attended the deceased from <u>June 6</u> , 19 <u>54</u> , to <u>June 15</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>June 14</u> , 19 <u>54</u> , and that death occurred at <u>3:15</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Torrey Thomas MD</u>				23b. ADDRESS <u>St Joseph Mo 91 Dale Hosp no 2</u>		23c. DATE SIGNED <u>6/17 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>6/17/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Mans</u>		24d. LOCATION (City, town, or county) (State) <u>St Joseph Mo</u>		
DATE REC'D BY LOCAL REG. <u>June 19, 1954</u>		REGISTRAR'S SIGNATURE <u>Ethel M. Allison</u>		485 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Neaton-Bowman St Joseph Mo</u>			

(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.....
Signature of Student Embalmer

Signed *William Spalding*.....

Licensed Embalmer No...453...

P. O. Address 319 S. 10th 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.