

No. 300
10.45

FILED FEB 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3988**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **204**

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| 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) St. Joseph | | c. CITY OR TOWN St. Joseph | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) life | | e. STREET ADDRESS (If rural, give location) 1816 Sacramento Street. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Regina b. (Middle) A. c. (Last) Null | | 4. DATE OF DEATH (Month) (Day) (Year) February 17, 1955 | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH September 23, 1890 |
| 9. AGE (In years last birthday) 64 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | |
| 10b. KIND OF BUSINESS OR INDUSTRY own home | | 11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |

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| 13a. FATHER'S NAME Valentine Gottwalles | 13b. MOTHER'S MAIDEN NAME unknown | 14. NAME OF HUSBAND OR WIFE Frank |
| 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. none | 17. INFORMANT'S SIGNATURE OR NAME Frank Null |
| | | ADDRESS 1816 Sacramento, St. Joseph, Mo. |

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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, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerosis hard heart with aortic regurgitation | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis | | |
| | DUE TO (c) Senility | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility | | unk | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4200 | 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) |

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| 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? |
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22. I hereby certify that I attended the deceased from **Jan. 31, 1955**, to **Feb. 17, 1955**, that I last saw the deceased alive on **Feb. 17, 1955**, and that death occurred at **1:30a m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Martin H. Christ | 23b. ADDRESS W. D. 6106 King Hallway St Joseph Mo. | 23c. DATE SIGNED 2-19-55 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE 2/19/1955 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery | 24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri |
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| DATE REC'D BY LOCAL REG. Feb 24, 1955 | REGISTRAR'S SIGNATURE Ethel M. Allison | 25. FUNERAL DIRECTOR'S SIGNATURE Horton - Bowman | ADDRESS St Joseph Mo. |
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(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 *James P. Hawkins*

Licensed Embalmer No. *453*

P. O. Address *319 So 10th*

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.