

FILED APR 11 1955

STANDARD CERTIFICATE OF DEATH

State File No. 7290

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 359

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 OR TOWN St. Joseph d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 0117	
c. LENGTH OF STAY (in this place) 7 yrs		e. STREET ADDRESS (If rural, give location) 1918 N. 30th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Forrest b. (Middle) Louis c. (Last) English			4. DATE OF DEATH (Month) (Day) (Year) April 1, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH February 16, 1908	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist		10b. KIND OF BUSINESS OR INDUSTRY Drug Store		11. BIRTHPLACE (City and State or Foreign Country) Minneapolis, Kansas.	
13a. FATHER'S NAME Louis English			13b. MOTHER'S MAIDEN NAME Flora Drew		14. NAME OF HUSBAND OR WIFE Hazel M. English
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 487-03-2654		17. INFORMANT'S SIGNATURE OR NAME Mrs. Hazel M. English	
				ADDRESS St. Joseph, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					

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) Carcinoma of lung			INTERVAL BETWEEN ONSET AND DEATH 4 months	
		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. Chronic fibrous pericarditis.			1 month	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 163 X			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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. 30, 1955, to April 1, 1955, that I last saw the deceased alive on April 1, 1955, and that death occurred at 7:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Allen S. Sierman</i>		23b. ADDRESS 706 Francis St., St. Joseph, Mo.		23c. DATE SIGNED 4/5/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 4, 1955		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.	

DATE REC'D BY LOCAL REG. April 7, 1955		REGISTRAR'S SIGNATURE <i>Kathleen M. Allison</i>		495		25. FUNERAL DIRECTOR'S SIGNATURE <i>Joe Meierhoffer</i>		ADDRESS St. Joseph, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 24 1962

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 *Raymond W. Moore*

Licensed Embalmer No. 4413

P. O. Address 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.