

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

974

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Buchanan</u>		b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Joseph</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Buchanan</u>	
c. LENGTH OF STAY (in this place) <u>8 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		d. STREET ADDRESS (If rural, give location) <u>614 South 16th Street</u> <u>2117</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D.O.A. Mo. Meth. Hosp.</u>							
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Ernest</u>	b. (Middle) <u>Leslie</u>	c. (Last) <u>Stith</u>	Month <u>Sept.</u>	Day <u>7</u>	Year <u>1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 19 1892</u>		9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Custodian</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St. Jos. Pub. Sch.</u>	11. BIRTHPLACE (State or foreign country) <u>Oregon, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Richard Stith</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Enox</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl Stith</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>489-32-4488</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Pearl Stith-614 S. 16th-St. Jos.</u>				ADDRESS _____	
18. CAUSE OF DEATH	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probable coronary thrombosis</u>						<u>sudden death</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES	DUE TO (b) <u>Previous history of repaired inguinal hernia and hypertensive cardio-vascular disease. Man collapsed at home and the school</u>					
	DUE TO (c) <u>and was pronounced dead on arrival at Mo. Metho. Hospital. No medical attendant at time of death.</u>						
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4201.</u>					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) _____	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:00 AM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Coastner M. Allison, Local Registrar</u>			23b. ADDRESS <u>City Hall, St. Joseph, Mo.</u>			23c. DATE SIGNED <u>Sep 8, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 10-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oregon, Mo. Cem.</u>		24d. LOCATION (City, town, or county) <u>Oregon, Missouri</u>		(State) _____	
DATE REC'D BY LOCAL REG. <u>Sept 8, 1955</u>	REGISTRAR'S SIGNATURE <u>Coastner M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. K. Alexander</u>	ADDRESS <u>St. Joseph, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

VS AUG 20 1959

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 Wm. H. Alexander

Licensed Embalmer No. 4450

P. O. Address St. Joseph, Mo.

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.