

FILED SEP 12 1955

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 25420

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 969	
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>			
b. CITY OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (In this place) <b>25 years</b>		c. CITY OR TOWN <b>St. Joseph</b>		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 <b>D.O.A. St. Josephs Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>1210 N. 15th Street</b>			
3. NAME OF DECEASED (Type or Print) <b>Stella</b>		a. (First)		b. (Middle) <b>Majors</b>		c. (Last) <b>Wilson</b>	
4. DATE OF DEATH <b>September 2, 1955</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>November 22, 1889</b>		9. AGE (In years last birthday) <b>65</b>	
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Joseph, Missouri</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Manuel Holton</b>			13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Harry P. Wilson</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Harry Wilson, 1210 N. 15th, St. Joseph, Mo.</b>			
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) <b>Probable cerebral hemorrhage</b> INTERVAL BETWEEN ONSET AND DEATH <b>sudden death</b> ANTECEDENT CAUSES DUE TO (b) <b>Previous history of a cerebral hemorrhage and hypertension.</b> DUE TO (c) <b>Woman collapsed on sidewalk and was pronounced dead on arrival at St. Joseph's Hospital. No medical attendant at time of death.</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>33/X</b>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>8:30p. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Cather M. Allison, Local Registrar</b>				23b. ADDRESS <b>City Hall, St. Joseph, Mo.</b>		23c. DATE SIGNED <b>Sept 8, 1955</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>9/6/1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Sept 8, 1955</b>		REGISTRAR'S SIGNATURE <b>Cather M. Allison</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Hester - Bowman - St. Joseph, Mo.</b>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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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..... *Richard D. Collins*

Licensed Embalmer No. *4959*

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.