

FILED SEP 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

29008

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 975		
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. LENGTH OF STAY (In this place) life		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"/>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mo. Metho. Hospital				e. STREET ADDRESS (If rural, give location) Victorian Court Apt's				
3. NAME OF DECEASED (Type or Print) KATHERINE			a. (First)		b. (Middle)		c. (Last) ELLIOTT	
4. DATE OF DEATH		(Month) SEPT. 1,		(Day)		(Year) 1955		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH Oct 23, 1875		
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Clerk		10b. KIND OF BUSINESS OR INDUSTRY Marshall Field Co.		11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri		
12. COUNTRY OF WHAT COUNTRY? USA		13a. FATHER'S NAME Charles Egner		13b. MOTHER'S MAIDEN NAME Mary Wakeman		14. NAME OF HUSBAND OR WIFE James Wallace Elliott		
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. 351-10-7537		17. INFORMANT'S SIGNATURE OR NAME Mrs. Walter Meierhoffer, St. Joseph, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		DUE TO (b) Coronary disease					3 hrs	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)					1 yr	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 ⁵³ , to Sept 1, 19 ⁵⁵ , that I last saw the deceased alive on Sept 1, 19 ⁵⁵ , and that death occurred at 2:40P m., from the causes and on the date stated above.								
23a. SIGNATURE M. Allison M.D. (Degree or title)				23b. ADDRESS P&S Bldg., St. Joseph, Mo.		23c. DATE SIGNED 9/10/55		
24a. BURIAL CREMATION REMOVAL (Specify) burial		24b. DATE Sept 3, 1955		24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.		
DATE REC'D BY LOCAL REG. Sept 12, 1955		REGISTRAR'S SIGNATURE Eather M. Allison 495		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meierhoffer-Fleeman, St. Joseph, Mo.				

(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 *Albert E. Hanning*
Licensed Embalmer No. *3215*
P. O. Address *H. Peep*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.