

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29057

FILED SEP 26 1955

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1017

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 (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	c. LENGTH OF STAY (In this place) <b>72 years</b>	c. CITY OR TOWN <b>St. Joseph</b>	d. 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>2920 Renick St.</b>		e. STREET ADDRESS (If rural, give location) <b>2609 Mitchell Ave.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Samuel</b> b. (Middle) <b>D.</b> c. (Last) <b>Senor</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 21, 1955</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>December 19, 1866</b>	9. AGE (In years last birthday) <b>88</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>medical doctor</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Doniphan County, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Samuel David Senor, Sr.</b>	13b. MOTHER'S MAIDEN NAME <b>Prescilla Williard</b>	14. NAME OF HUSBAND OR WIFE <b>Jessie Townsend Senor</b>
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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>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Dr. S. Earl Senor, 2920 Renick, St. Joseph, Mo</b>	ADDRESS <b>St. Joseph, Mo</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>52 hours</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage - right Hemiplegia - left</b>		
ANTECEDENT CAUSES		DUE TO (b) <b>arteriosclerosis general</b>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>33IX</b>	
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (c) <b>Paralysis left lower extremity</b>	
Conditions contributing to the death but not related to the disease or condition causing death.		<b>2 1/2 months</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 July, 1955, to Sept. 21, 1955, that I last saw the deceased alive on Sept 21, 1955, and that death occurred at 4:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE <b>S. Senor M.D.</b>	(Degree or title)	23b. ADDRESS <b>St. Joseph Mo</b>	23c. DATE SIGNED <b>9-21-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>9/23/1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>
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DATE REC'D BY LOCAL REG <b>Sept 22, 1955</b>	REGISTRAR'S SIGNATURE <b>Cather M. Allison</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Neaton Bowman</b>	ADDRESS <b>St Joseph, Mo</b>
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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. 521 working under my personal supervision..

Student Richard E. Nichols  
Signature of Student Embalmer

Signed James H. Hawkins  
Licensed Embalmer No. 453

P. O. Address 319 So. 10th St.

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.