No. 300
10.48

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 33598

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4230

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Osteopathic Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): 3414 So. 11th 0117

**3. NAME OF DECEASED** (Type or Print)
a. (First): Joseph
b. (Middle): Donald
c. (Last): Verrier

**4. DATE OF DEATH** (Month) (Day) (Year): Sept 29 1955

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Feb 20 1904
**9. AGE** (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Owner
**10b. KIND OF BUSINESS OR INDUSTRY**: Lumber Company
**11. BIRTHPLACE** (City and State or Foreign Country): Shellrock, Iowa
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Joseph Verrier
**13b. MOTHER'S MAIDEN NAME**: Margaret Stewart
**14. NAME OF HUSBAND OR WIFE**: Mabel Verrier

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) Yes (If yes, give war or dates of service): WW 2
**16. SOCIAL SECURITY NO.**: 500-36-0898
**17. INFORMANT'S SIGNATURE OR NAME**: Mabel Verrier — ADDRESS: St. Joe, Mo.

**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.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia
INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Carcinoma of adrenals with widespread metastases
unknown
DUE TO (c): unknown

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*: None
1957

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☐

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 9/21, 1955, *to* 9/29, 1955, *that I last saw the deceased alive on* 9/28, 1955, *and that death occurred at* 10:30 p.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): E. N. Gillum D.O.
**23b. ADDRESS**: 926 - E. 9th
**23c. DATE SIGNED**: 9/30/55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 9-30-55
**24c. NAME OF CEMETERY OR CREMATORY**: Shell Rock Cem.
**24d. LOCATION** (City, town, or county) (State): St. Joseph, Mo

**DATE REC'D BY LOCAL REG.**: 10-1-55
**REGISTRAR'S SIGNATURE**: Neva Minshall
**25. FUNERAL DIRECTOR'S SIGNATURE**: Heaton-Bowman Mort. — ADDRESS: St. Jos. Mo.
By Simmons

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
G. N. Gillum, D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John R. Sidn

Licensed Embalmer No. 45

P. O. Address Kansas

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