

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 11 1956

State File No. **15621**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **616**

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>Dekalb</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>6 wks</b>	c. CITY OR TOWN <b>Osborn</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>90</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital (Osted)</b>		e. STREET ADDRESS (If rural, give location) <b>Rural</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Anna</b> b. (Middle) <b>Matter</b> c. (Last) <b>Henery</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>6-6-56</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Sept 12-1880</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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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 _____	11. BIRTHPLACE (City and State or Foreign Country) <b>St Joseph, Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Samuel Matter</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Bauer</b>	14. NAME OF HUSBAND OR WIFE <b>Wm Henery</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Wm Henery, Osborn, Mo</b>	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>5 weeks</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b> DUE TO (c) _____		
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"/>
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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) <b>331X</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____	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 **4-27-56**, to **6-6-56**, that I last saw the deceased alive on **6-6-56**, and that death occurred at **3:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C. L. Ferguson, M.D.</b>	23b. ADDRESS <b>St. Joseph, Mo. 801 1/2 Francis St.</b>	23c. DATE SIGNED <b>6-6-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 8 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ridgeville</b>	24d. LOCATION (City, town, or county) (State) <b>Dekalb Co. Mo.</b>
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DATE REC'D BY LOCAL REG. <b>June 8, 1956</b>	REGISTRAR'S SIGNATURE <b>Esther M. Allison</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. E. Deumer</b>	ADDRESS <b>Stevastowne Rd</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. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *W. E. Ammersees* .....  
Licensed Embalmer No. 30  
P. O. Address *Stewart Ave*

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