

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER
19602

FILED JUL 16 1956

Registration District No. **42** Primary Registration District No. **1000** Registrar's No. **745**

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, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes/ No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph Inside Limits Yes/ No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1611 Prospect Ave.		Length of stay in lb 50 yrs.	d. STREET ADDRESS (If outside, give location) 1611 Prospect Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) EMMA BRAM			4. DATE OF DEATH July 2, 1956								
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 26, 1875		9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Lebanon County, Penn.			12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Ruben Kreider						14. MOTHER'S MAIDEN NAME unknown					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Vera Endicott St. Joseph, Mo.					

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart failure								INTERVAL BETWEEN ONSET AND DEATH 6 mo			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Arteriosclerotic Heart disease		DUE TO (c) signed as an unattended death in the city of St. Joseph							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)									
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.												
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE	

21. I attended the deceased from **viewed 7-2-56** to **cannot remember** and last saw her alive on **him**
Death occurred at **5:25 PM** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Richard L. Maguire M.D. health officer** 22b. ADDRESS **Phys & Surg Bldg 216, City** 22c. DATE SIGNED **7-3-56**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **7-5-56** 23c. NAME OF CEMETERY OR CREMATORY **Ashland Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Joseph Missouri**

24. FUNERAL DIRECTOR ADDRESS **Stoney Funeral Home St. Joseph, Mo.** 25. DATE RECD. BY LOCAL REG. **July 13, 1956** 26. REGISTRAR'S SIGNATURE **Bother M. Allison**

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dissemination of this information is prohibited. Confidentiality must be maintained. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Charles E. Bennett*

Licensed Embalmer No *46*

P. O. Address *St. Joe*

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.