

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26059

FILED SEP 17 1956

STATE FILE NUMBER
1000 982

Registration District No. 42 Primary Registration District No. Registrar's No.

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 <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 324-1/2 So. 4th, St.			Length of stay in 1b 25 yrs		d. STREET ADDRESS (If outside, give location) 324-1/2 So. 4th, St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First MAUD Middle FAIRBANKS Last				4. DATE OF DEATH Month Sept. Day 2 Year 1956							
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 22, 1886		9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Matron			10b. KIND OF BUSINESS OR INDUSTRY Jerome Hotel		11. BIRTHPLACE (City and state or country) Norfolk Nebraska			12. CITIZEN OF WHAT COUNTRY? U S A			
13. FATHER'S NAME Frederick Childs				14. MOTHER'S MAIDEN NAME Florence Hawkins							
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. 493-18-9484		17. INFORMANT Mr. Emerson Fairbanks 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) Acute Congestive Heart Failure DUE TO (b) Chronic Myo-Carditis DUE TO (c) Conditions, if any, which gave rise to above cause (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)										INTERVAL BETWEEN ONSET AND DEATH 2 weeks unknown	
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 Jan 15-1955 to Sept 1-1956 and last saw him alive on Sept 1-1956 Death occurred at 3:25 AM m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE H F Mundy (Degree or title)				22b. ADDRESS MD. St Joseph Mo				22c. DATE SIGNED 9/7/56			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-5-56		23c. NAME OF CEMETERY OR CREMATORY Odd Fellows Public Cemetery			23d. LOCATION (City, town, or county) St. Joseph Missouri				
24. FUNERAL DIRECTOR Stame Funeral Home St. Joseph, Mo.				25. DATE RECD. BY LOCAL REG. Sept 13, 1956		26. REGISTRAR'S SIGNATURE Charles M. Allison					

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1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 emb
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. Joseph*.....

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.