

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 24 1956

29860

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1020

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 38 yrs.	c. CITY OR TOWN St. Joseph
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mo. Meth. Hospital.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 5619 So. 1st St.		(If rural, give location) 1170	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) BLACK c. (Last) BLACK			4. DATE OF DEATH (Month) (Day) (Year) Sept. 15, 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 28, 1898	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY Un. Term. R.R.		11. BIRTHPLACE (City and State or Foreign Country) McFall, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Black		13b. MOTHER'S MAIDEN NAME Rose Smith		14. NAME OF HUSBAND OR WIFE Gladys	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) Yes		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Betty Grossman, 415 So. 15th St. St. Joseph, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Lung</u>				INTERVAL BETWEEN ONSET AND DEATH 7+ months	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Old arteriosclerotic heart disease</u>				1 year	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

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 5-20 1951, to 9-15, 1951, that I last saw the deceased alive on 9-15, 1951 and that death occurred at 7:30 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lucius W. Idols, M.D.</u> (Degree or title)		23b. ADDRESS <u>902 Edwards St. St. Joseph, Mo.</u>		23c. DATE SIGNED 9-17-56	
24a. BURIAL OR CREMATION REMOVAL (Specify) Burial		24b. DATE 9-19-1956		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	

DATE REC'D BY LOCAL REG. Sept 20, 1956		REGISTRAR'S SIGNATURE <u>Catharine M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John D. Pepp</u> ADDRESS St. Joseph, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

485

98 25 1956

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, ~~on~~ by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John E. Pupp*.....
Licensed Embalmer No. 3986

P. O. Address *St. Joseph*.....

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.