

FILED DEC 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37061

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1259

| | | | |
|--|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u> | | c. CITY OR TOWN <u>St. Joseph</u> | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Goforth Nursing Home 1804 Faraon St.</u> | | d. STREET ADDRESS <u>1804 Faraon St.</u> | |
| Length of stay in lb <u>4 yrs</u> | | (If outside, give location) <u>0117</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>LULU</u> Middle <u>ANN</u> Last <u>BENNER</u> | | | 4. DATE OF DEATH Month <u>Nov.</u> Day <u>21</u> Year <u>1956</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>July 9, 1879</u> |
| 9. AGE (In years last birthday) <u>77</u> | | IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (City and state or country) <u>Edgerton Missouri</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U S A</u> | | 13. FATHER'S NAME <u>Isaac Moody</u> | |
| 14. MOTHER'S MAIDEN NAME <u>Susanne Newman</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | |
| 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT <u>Herbert C. Benner</u> Address <u>St. Joseph, Mo.</u> | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARCINOMA Stomach</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| 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 _____ a. m. _____ p. m. _____ Month, Day, Year _____ | | | |
| 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 <u>Oct 16 - 1956</u> to <u>Nov 21 - 1956</u> and last saw her ^{alive} <u>Nov 21 - 56</u> Death occurred at <u>5:55 P</u> _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Clara M. Henry MD</u> (Degree or title) | | 22b. ADDRESS <u>570 James St. St. Joseph, Mo</u> | 22c. DATE SIGNED <u>11-24-56</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>11-24-56</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Camden Point Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Stoney Funeral Home</u> ADDRESS <u>St. Joseph, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>Nov. 29, 1956</u> | 26. REGISTRAR'S SIGNATURE <u>Ethel M. Allison</u> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes.

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(Licensed Embalmer's Statement on Reverse Side)

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: *George A. Kerby*
.....

Licensed Embalmer No. *47*

P. O. Address *St. Joseph*

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.