FILED DEC 10 1956

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

37137
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1277

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|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY Buchanan | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Buchanan |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Inside Limits Yes ☒ No ☐ | c. CITY OR TOWN St. Joseph 0117 — Inside Limits Yes ☒ No ☐ |
| c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 2817 Felix St. — Length of stay in 1b 40 yrs | d. STREET ADDRESS (If outside, give location) 2817 Felix St. — Reside on Farm Yes ☐ No ☒ |

| | | | | |
|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) | First: ELIZABETH | Middle: MAE | Last: SCHULTZ | 4. DATE OF DEATH Month Day Year: Nov. 28, 1956 |
| 5. SEX: female | 6. COLOR OR RACE: white | 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ | 8. DATE OF BIRTH: June 23, 1888 | 9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PBX operator | 10b. KIND OF BUSINESS OR INDUSTRY: Hotel | 11. BIRTHPLACE (City and state or country): McFall, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME: Henry Spiers | 14. MOTHER'S MAIDEN NAME: unknown | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) ——— | 16. SOCIAL SECURITY NO.: 491-09-1708 | 17. INFORMANT Address: Mr. Chris Schultz, 2817 Felix, St. Joseph, Mo | | |

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: ½ hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease — not sure
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 Nov 28, 1956, to Nov 28 56 and last saw her/him alive on Nov 28-56
Death occurred at 9:00 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

| | | | |
|---|---|---|---|
| 22a. SIGNATURE (Degree or title): Collis Roundy MD | 22b. ADDRESS: Kirkpatrick City Bldg | 22c. DATE SIGNED: Dec 1-56 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify): burial | 23b. DATE: 11/30/1956 | 23c. NAME OF CEMETERY OR CREMATORY: Ashland Cemetery | 23d. LOCATION (City, town, or county) (State): St. Joseph, Mo. |
| 24. FUNERAL DIRECTOR: Heaton-Bowman | ADDRESS: St Joseph Mo | 25. DATE RECD. BY LOCAL REG.: Dec. 4, 1956 | 26. REGISTRAR'S SIGNATURE: Esther M. Allison |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James P. Hawkins

Licensed Embalmer No. 4

P. O. Address 319 to 10th

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.