

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

354

FILED FEB 4 1957

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 91

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 D.O.A. St. Joseph, Mo			Length of stay in 1b sp. 5 years		d. STREET ADDRESS 1415 1/2 Messanie St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MARGARET Middle ROBERTSON Last				4. DATE OF DEATH Month January Day 24, Year 1957					
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 Jan. 3, 1916		9. AGE (In years last birthday) 41	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and state or country) Union Star, Mo.		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME William C. Pickard				14. MOTHER'S MAIDEN NAME Grace V. Stahl					
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. unknown		17. INFORMANT Address Mrs. Gertrude Swoboda, 1517 Jule, St. Joseph.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) asphyxia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Inhalation of natural gas DUE TO (c)								INTERVAL BETWEEN ONSET AND DEATH 10 uncertain	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 972K								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) Had a fall on a down step. Police think she was alive but he thought she was dead							
20c. TIME OF INJURY Hour 5:35 p. m. Month, Day, Year uncertain									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home		20f. CITY, TOWN, OR LOCATION 1415 1/2 Messanie Buchanan		COUNTY MO		STATE	
21. Deceased the deceased from 1-24-1957, to and last saw her alive on Death occurred at D.O.A. 6:00 PM in on the date stated above; and to the best of my knowledge, (from the causes stated.									
22a. SIGNATURE (Degree or title) S. Meloney M.D. Coroner				22b. ADDRESS 214 Ruppative St. St. Joseph 8, MO				22c. DATE SIGNED 1-26-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 1/28/1957		23c. NAME OF CEMETERY OR CREMATORY Union Star Cemetery		23d. LOCATION (City, town, or county) Union Star, Missouri (State)			
24. FUNERAL DIRECTOR Address Nestor Bowers St. Joseph Mo				25. DATE RECD. BY LOCAL REG. Jan 30, 1957		26. REGISTRAR'S SIGNATURE Bethel M. Allison			

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300-56

Doctor, coroner, etc. must use only standard nomenclature in Part 18. No symptoms will be stated. All diseases in Part 1 must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 embalmed by me, or by; Student Embalmer No. working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed *Billie C. Gonder*.....

Licensed Embalmer No. *49*.....

P. O. Address *H. 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.