

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 25 1957

STATE FILE NUMBER 302

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 302

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 or TOWN) St. Joseph <i>0117</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Joseph <i>0117</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp. Length of stay in lb 25 Yrs		d. STREET ADDRESS 1015 Paragon St. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Myrtle Van Horn <i>First Middle Last</i>			4. DATE OF DEATH Mar. 19, 1957 <i>Month Day Year</i>		
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 May 25, 1881	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Apt. House Mgr.		10b. KIND OF BUSINESS OR INDUSTRY Rentals	11. BIRTHPLACE (City and state or country) Mt. Union, Iowa	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Bernard Mullin			14. MOTHER'S MAIDEN NAME Frances Davey		
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. 487-14-7686	17. INFORMANT Mrs E.A. Zerbst St. Joseph, Mo. <i>Address</i>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Metastatic Adenocarcinoma to pelvis and abdomen. ± cachexia approx</i> DUE TO (b) _____ DUE TO (c) <i>Primary Adenocarcinoma of cervix</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 yr</i> <i>?</i>
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 checked="" type="checkbox"/> NO <input 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 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 *11-7-56* to *3-18-57* and last saw *her* alive on *3-18-57*
Death occurred at *8:10* p. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Wm B. Siderfader</i> (Degree or title)	22b. ADDRESS <i>316 North St Joseph MO</i>	22c. DATE SIGNED <i>3-19-57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Mar. 21, 57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Olivet Cemetery</i>
23d. LOCATION (City, town, or county) <i>St. Joseph, Mo.</i>		(State)

24. FUNERAL DIRECTOR <i>Herman Siderfader</i> ADDRESS <i>St Joseph, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>March 21, 1957</i>	26. REGISTRAR'S SIGNATURE <i>Cathryn M. Allison</i>
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(Licensed Embalmer's Statement on Reverse Side)

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

MEDICAL CERTIFICATION

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..... *Robert L. Gypke*
Licensed Embalmer No. 330

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.