

STANDARD CERTIFICATE OF DEATH

58-008988

STATE FILE NUMBER

FILED APR 15 1958

42

1000

REGISTRAR'S NO. 374

Registration District No. Primary Registration District No.

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 812 South 20th		Length of stay in lb Life	d. STREET ADDRESS (If outside, give location) 812 South 20th		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOHN Middle LEO Last USHLER			4. DATE OF DEATH Month April Day 1, Year 1958		
5. SEX Male <i>♂</i>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 10, 1897		9. AGE (In years last birthday) 60
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cooper Shop		10b. KIND OF BUSINESS OR INDUSTRY Swift & Co.	11. BIRTHPLACE (City and state or country) St. Joseph, Mo. <i>♂</i>		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Antone Ushler		13b. MOTHER'S MAIDEN NAME Teofila Szymanski		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give dates of service) Yes N.W.# 1		16. SOCIAL SECURITY NO. 487-05-1443	17. INFORMANT Anna Ushler		Address 812 So. 20th City
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 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)					INTERVAL BETWEEN ONSET AND DEATH 30 MIN.
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.) <i>2</i>			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.					
20d. INJURY OCCURRED WHILE AT <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 <i>UNATTENDED</i> to _____ and last saw her alive on _____ Death occurred at <i>4:20 P</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Laurence N. [Signature]</i>			22b. ADDRESS 1302 FARADAY ST. JOSEPH		22c. DATE SIGNED 4-3-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Apr. 7, 1958	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
24. FUNERAL DIRECTOR <i>Herman Wm. Sidenfaden</i>		ADDRESS <i>St. Joseph Mo</i>	25. DATE RECD. BY LOCAL REG. <i>April 4, 1958</i>		26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Goodell</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health, Welfare, Public Service

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with reference to all diseases in Part I must be causally related.

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APR 17 1958

Biden

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 H. Apple*

Licensed Embalmer No. 3308

P. O. Address St. Joseph, Mo.

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.