

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013333

STATE FILE NUMBER 438

FILED APR 28 1958

Registration District No. 42 Primary Registration District No. 1000

Registrar's No. 438

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 Hillside Rest Home		Length of stay in 1b	d. STREET ADDRESS 1007 Ridenbaugh St. (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Ellanora Means			4. DATE OF DEATH April 23, 1958. Month Day Year		
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 August 23, 1873	9. AGE (In years last birthday) 84	FUNDED 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and state or country) DeKalb County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Fred Marker		13b. MOTHER'S MAIDEN NAME Caroline Clark		14. NAME OF HUSBAND OR WIFE Z. P. Means	
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. None	17. INFORMANT Byron C. Means St. Joseph, Mo. Address		
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) Arteriosclerosis, generalized DUE TO (c) Senescence					INTERVAL BETWEEN ONSET AND DEATH immediate years
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 o.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 Jan. 4, 1958 to Apr. 23, 1958 and last saw him alive on Apr. 13, 1958 Death occurred at 4:05 AM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Willie P. McDonald O. M. D.			22b. ADDRESS 301 N. 8th St., St. Joseph, Mo.		22c. DATE SIGNED 4/23/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 25, 1958	23c. NAME OF CEMETERY OR CREMATORY Union Chapel Cemetery		23d. LOCATION (City, town, or county) (State) Clarksdale, Missouri.
24. FUNERAL DIRECTOR Meierhoffer, Freeman St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. April 24, 1958	26. REGISTRAR'S SIGNATURE Mrs. Clark Woodell		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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APR 30 1958

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 E. Harrington*

Licensed Embalmer No. 3258

P. O. Address *H. J. ...*

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.