

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020965

STATE FILE NUMBER

706

FILED JUL 7 1958

Registration District No. Primary Registration District No.

1000

Registrar's No.

300
-57

2

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette	
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 Odessa 0540
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hosp. #2		Length of stay in 1b 3 days	d. STREET ADDRESS 403 Golf
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM HARVEY EMIS			4. DATE OF DEATH Month Day Year June 30, 1958
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 10, 1869
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown Ret. Butcher		10b. KIND OF BUSINESS OR INDUSTRY unknown	9. AGE (In years last birthday) 89
11. BIRTHPLACE (City and state or country) unknown Pa.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE unknown Elizabeth		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes in Spanish-American	
16. SOCIAL SECURITY NO. unknown		17. INFORMANT Address State Hosp. #2 Records, St. Joseph, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) chronic nephritis: uremia			INTERVAL BETWEEN ONSET AND DEATH unk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) arteriosclerotic heart disease			unk.
DUE TO (c) 4200			
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 type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. Month, Day, Year 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 June 27, 1958 to June 30, 1958 and last saw her/him alive on June 29, 1958 Death occurred at 8:00a. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>William D. Heston</i> (Degree or title) 0		22b. ADDRESS State Hosp. #2, St. Joseph, Mo.	
22c. DATE SIGNED 6-30-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 6/30/1958	23c. NAME OF CEMETERY OR CREMATORY Daderville, Mo. Cemetery	23d. LOCATION (City, town, or county) (State) Odessa Missouri
24. FUNERAL DIRECTOR Heston - Bowman ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. June 30, 1958	26. REGISTRAR'S SIGNATURE <i>Wm. Clark Goodell</i>

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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 *John V. Herrick, Jr.*
Licensed Embalmer No. *4848*
P. O. Address. *N. C. ...*

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.