

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021058

STATE FILE NUMBER

FILED JUN 16 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 598

300  
-57

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 0117
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hosp.		Length of stay in lb 8 days	d. STREET ADDRESS (If outside, give location) 127 Fulkerson St.
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last DESSYE TRACY			4. DATE OF DEATH Month Day Year June 5, 1958		
5. SEX Female	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 Dec. 19, 1880		9. AGE (In years last birthday) 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Atchison County		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME A.J. Arnold		13b. MOTHER'S MAIDEN NAME Margaret Marshall		14. NAME OF HUSBAND OR WIFE James A. Tracy	
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 Address Mr. James A. Tracy 127 Fulkerson		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Toxic hepatitis and hepatic failure		INTERVAL BETWEEN ONSET AND DEATH 36 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cholangitis and hydrops of gall bladder	4 years or more
	DUE TO (c) Chronic pancreatitis (and associated obstructive jaundice)	4 years or more
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pneumonia, R.U.L. aortic and generalized arteriosclerosis, Ptdm ingestion		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) 5871
20c. TIME OF INJURY Hour 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
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21. I attended the deceased from 6-22-54 to 6-5-58 and last saw her alive on 6-5-58  
Death occurred at 230 P on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Thompson E. Potter, M.D.	(Degree or title) 0	22b. ADDRESS 731 FARADAY ST St. Joseph, Mo.	22c. DATE SIGNED 6-6-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 7, 1958	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
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24. FUNERAL DIRECTOR Paul F. Clark	ADDRESS 130 Illinois	25. DATE RECD. BY LOCAL REG. June 6, 1958	26. REGISTRAR'S SIGNATURE Mrs. Clark Hoelzel
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

SEP 17 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 *Alvin E. Baya* .....

Licensed Embalmer No. *479.5*  
P. O. Address *6 Ypsilanti* .....

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.