

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012360

STATE FILE NUMBER

FILED MAY 4 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 442

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1. PLACE OF DEATH a. COUNTY Euchanan			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) 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 Parkview Nursing Home		Length of stay in lb Life	d. STREET ADDRESS (If outside, give location) 602 North 24th St.,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Dina Middle Emma Last Eulich			4. DATE OF DEATH Month April Day 28 Year 1959		
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 Aug. 18, 1865	9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months 1 Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Quincy, Illinois		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Vosteen		13b. MOTHER'S MAIDEN NAME Catherine E. Johnson		14. NAME OF HUSBAND OR WIFE John H. Eulich	
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. unknown		17. INFORMANT Millie V. Gross, St. Joseph, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral vascular accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Atherosclerosis, generalized</u> DUE TO (c) <u>Senescence</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
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 <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.) 331K		
20c. TIME OF INJURY Hour 4:20 Month, Day, Year Apr. 28, 1959 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 St. Joseph, Missouri	
21. I attended the deceased from Mar. 20, 1958 to Apr. 28, 1959 and last saw her alive on Apr. 27, 1959 Death occurred at 4:20 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Wilbur P. McDonald			22b. ADDRESS M. D. 301 N. 8th St., St. Joseph, Mo.		22c. DATE SIGNED 4/28/59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Apr. 30, 1959	23c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
24. FUNERAL DIRECTOR W. H. Chapman		ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. April 30, 1959	26. REGISTRAR'S SIGNATURE John Clark Goodell

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in Part 18. No symptoms will be listed.

Dr. Wilbur P. McDonald

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Albert B. Harrington*

Licensed Embalmer No. *3255*

P. O. Address. St. *Joseph*, *Missouri*

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.