RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-000405

STATE FILE NUMBER

FILED VS FEB 8 1960

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 142

IDED

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Length of stay in 1b Lifetime
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 816 North 24th St., — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 816 North 24th St., — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Anna Middle Carter Last Stauber
4. DATE OF DEATH Month January Day 27, Year 1960

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH Nov. 16, 1867)
9. AGE (last birthday) 92 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR 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 Own home
11. BIRTHPLACE (City and state or country) St. Joseph, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Wm Mathew Landon Carter
13b. MOTHER'S MAIDEN NAME Anna Stewart
14. NAME OF HUSBAND OR WIFE Ralph O. Stauber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Miss Emily D. Stauber, Address 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) Fracture of left hip — INTERVAL BETWEEN ONSET AND DEATH 13 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Senesence
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Slipped and fell on floor at home.

20c. TIME OF INJURY 6:30 Hour a.m. ~~XXX~~ Month, Day, Year Jan. 14,1960

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) in home
20f. CITY, TOWN, OR LOCATION St. Joseph, COUNTY Buchanan, STATE Missouri

21. I attended the deceased from Oct. 7, 1952, to Jan. 27, 1960 and last saw her ~~her~~ alive on Jan. 17, 1960
Death occurred at 7:45 P.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 M.D.
22b. ADDRESS 301 N. 8th St., St. Joseph, Mo.
22c. DATE SIGNED Jan. 28,60

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE Jan. 30,1960
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
23d. LOCATION (City, town, or county) St. Joseph, (State) Missouri

24. FUNERAL DIRECTOR Meierhoffer-Hermann Inc. by [illegible] ADDRESS St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG. Feb. 4, 1960
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

W.P. McDonald M.D.

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Lucy J. Cheney

Licensed Embalmer No. 4679

P. O. Address St. Joseph,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.