

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000394

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 139 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

15117

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED FEB 11 1963

1. PLACE OF DEATH
a. COUNTY *Buchanan*

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE *Missouri* b. COUNTY *Jackson*

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN *St. Joseph, Mo* Length of stay in lb: *Since 7-19-1913*

c. CITY OR TOWN *Kansas City* Inside Limits: Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION *State Hospital No. 2* Inside Limits: Yes No

d. STREET ADDRESS *1519 Wyandotte* (if outside, give location) Reside on Farm: Yes No

3. NAME OF DECEASED (Type or print) First *EUGENE* Middle Last *MONROE*

4. DATE OF DEATH Month *2* Day *3* Year *1963*

5. SEX *Male* 6. COLOR OR RACE *White* 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH *1895* 9. AGE (last birthday) *68*

IF UNDER 1 YEAR: Months *0* Days *0* IF UNDER 24 HR: Hours *0* Min. *0*

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Unknown* 10b. KIND OF BUSINESS OR INDUSTRY *Unknown* 11. BIRTHPLACE (City and state or country) *Missouri* 12. CITIZEN OF WHAT COUNTRY *U. S. A.*

13a. FATHER'S NAME *Unknown* 13b. MOTHER'S MAIDEN NAME *Unknown* 14. NAME OF HUSBAND OR WIFE *Never married*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of *Unknown*) 16. SOCIAL SECURITY NO. *Unknown* 17. INFORMANT Address *Hospital Records, State Hospital No. 2, St. Joseph, Mo.*

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) *Bronchopneumonia* INTERVAL BETWEEN ONSET AND DEATH *3 days*

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) *Arteriosclerotic Heart Disease*

DUE TO (c) *Malnutrition and dehydration*

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) *Sermentia Praecox* 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 16.)

20c. TIME OF INJURY: Hour *7:00* a.m. *7:00* p.m. Month, Day, Year *2-3-1963*

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.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from *2-3-1963* to *2-3-1963* and last saw her/him alive on *2-3-1963*. Death occurred at *7:00* p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deedee or title) *Wanson Stettin MD.* 22b. ADDRESS *State Hospital No. 2, St. Joseph, Mo.* 22c. DATE SIGNED *2-3-1963*

23a. BURIAL, CREMATION, REMOVAL (Specify) *Removal* 23b. DATE *Feb 4, 1963* 23c. NAME OF CEMETERY OR CREMATORY *State Anatomical Board* 23d. LOCATION (City, town, or county) (State) *Marksville, Mo.*

24. FUNERAL DIRECTOR *H.D. Sidenfaden & Son* ADDRESS *St. Joseph, Mo.* 25. DATE RECD. BY LOCAL REG. *Feb. 5, 1963* 26. REGISTRAR'S SIGNATURE *Mr. Clark Goodell*

USE BLACK INK OR TYPEWRITER RIBBON

Permit received 5/14/63

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 H. Yapple
Licensed Embalmer No. 3308

P. O. Address St. Joseph, Mo.

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.