

FILED NOV 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38364

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 5133		Registrar's No. 1181	
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, write RURAL and give township) OR TOWN Rural Marion Township				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Marion Township			
d. FULL NAME OF HOSPITAL OR INSTITUTION R#2 Easton, Mo.				d. STREET ADDRESS (If rural, give location) R#2 Easton, Mo.			
3. NAME OF DECEASED (Type or Print)		a. (First) S/d Sallie		b. (Middle) Elizabeth		c. (Last) Kurth	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 25, 1885	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (State or foreign country) R#2 Easton, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jacob Kessler		13b. MOTHER'S MAIDEN NAME Eliza Whitman		14. NAME OF HUSBAND OR WIFE Will E. Kurth			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Will E. Kurth R#2 Easton, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (b) Coronary Sclerosis DUE TO (c) arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct 15, 1947, to 11-13, 1953, that I last saw the deceased alive on 10-24, 1953, and that death occurred at 3 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Doctor George W. Savannah Mo				23b. ADDRESS		23c. DATE SIGNED 11-13-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 16, 1953		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.	
DATE REC'D BY LOCAL REG. Nov 16, 1953		REGISTRAR'S SIGNATURE Father M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Minchaffer, Fleeman, Inc. St. Joseph, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Student Embalmer

Signed

Elliot C. Harrington

Licensed Embalmer No. 3258 Missouri

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 this body is not embalmed, fact should be so stated above.