

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

30731

1. PLACE OF DEATH

County Jackson
Township Kan
City Keosauqua (No. St. Joseph Hosp)

Registration District No. 399
Primary Registration District No. 1072

File No. 3982
Registered No. 3982
St. _____ Ward _____

2. FULL NAME

William A. Paneske

(a) Residence. No. Smithville Mo St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE of <u>Alice J. Paneske</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>1955 (Sept 9)</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>73</u>	<u>0</u>	<u>21</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer 12th

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) TOPERA
(STATE OR COUNTRY) Kans

10. NAME OF FATHER Binney Paneske

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Virginia Lejars

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Virginia

14. INFORMANT Alice Paneske
(Address) Smithville Mo

15. FILED 9/30 28 1958
M. M. Crowe
REGISTRAR
ase

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) 9-30 1958

17. I HEREBY CERTIFY That I attended deceased from Sept 28 1958 to Sept 30 1958 that I last saw him alive on 9-30 1958, and that death occurred, on the date stated above, at 7:40 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS
Acute yellow atrophy of liver.
120
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Do not know.
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Eugene Hamilton M. D.
9-30, 1958 (Address) 602 Argyle

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Smithville Mo Cem. DATE OF BURIAL 10-2 1958

20. UNDERTAKER McComas Lumber Co ADDRESS Smithville Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be edited EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

