

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11533

State File No. ....

BIRTH NO. 49-020804 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 174

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Easton - Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Meth. Hosp. 0</u>		d. STREET ADDRESS (If rural, give location) <u>Tremont Township, 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JANICE</u> b. (Middle) <u>Ann</u> c. (Last) <u>DREYER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 25 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>Apr. 24 1949</u>		9. AGE (In years last birthday) <u>20</u> IF UNDER 1 YEAR Months <u>43</u> Days <u>43</u> IF UNDER 12 HRS. Hours <u>43</u> Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	

13a. FATHER'S NAME <u>Raymond V. Dreyer</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Carlene Taylor</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Anna Carlene Taylor</u> ADDRESS <u>Easton, Mo</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Remainence 6 mo.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7/4</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 4-24, 1949, to 4-25, 1949, that I last saw the deceased alive on 4/24, 1949, and that death occurred at 6 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>P.O. St. Joseph, Mo</u>		23c. DATE SIGNED <u>4/25/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/25/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Trozier</u>		24d. LOCATION (City, town, or county) (State) <u>Buchanan Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Apr 27, 1949</u>		REGISTRAR'S SIGNATURE <u>E. G. Jenkins 382</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John A. Murray Lower, Mo</u> ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

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**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.

Signed..... *John H. Murray* .....

Signed.....  
Student Embalmer

Licensed Embalmer No. *2893* .....

P. O. Address *Lowell, 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 this body is not embalmed, fact should be so stated above.**