

FILED JUN 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

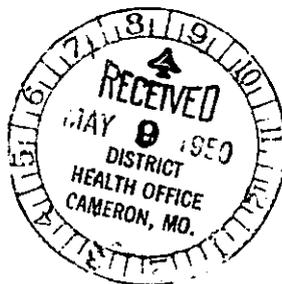
State File No. 21078

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4370 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY Nodaway (Wallin Nursing Home)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Iowa b. COUNTY Page	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clearmont		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shenandoah Iowa	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wallin Nursing Home		d. STREET ADDRESS (If rural, give location) 1107 west Sheridan	
3. NAME OF DECEASED (Type or Print) a. (First) -Maude b. (Middle) Jane c. (Last) Meyers		4. DATE OF DEATH (Month) (Day) (Year) 4 29 50	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 6/21/1878
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. 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 Housework	
11. BIRTHPLACE (State or foreign country) Shenandoah, Iowa		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME James Eskew		13b. MOTHER'S MAIDEN NAME Hannah Cox	
14. NAME OF HUSBAND OR WIFE Divorced		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'S SIGNATURE OR NAME Mrs Joe Androy, Shenandoah, Iowa ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Paralysis agitans ANTECEDENT CAUSES: DUE TO Osteo-arthritic DUE TO (c) anemia secondary II. OTHER SIGNIFICANT CONDITIONS: Chronic Myocarditis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) 9230	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Dec 26, 1949 to April 29, 1950 , that I last saw the deceased alive on 4-27-50 , and that death occurred at 7:44 AM , from the causes and on the date stated above.	
23a. SIGNATURE B. B. Buntz (Degree or title)		23b. ADDRESS Manville mo	
23c. DATE SIGNED 4-29-50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 5-1-1950		24c. NAME OF CEMETERY Rose Hill	
24d. LOCATION (City, town, or county) (State) Shenandoah, Iowa		25. FUNERAL DIRECTOR'S SIGNATURE G. B. Buntz ADDRESS Shenandoah, Ia.	
DATE REC'D BY LOCAL REG. 5-6-1950		REGISTRAR'S SIGNATURE Bess Italt 29	

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 _____

Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

G. E. Buntz

Licensed Embalmer No. 1377 Iowa

P. O. Address. Shenandoah, Iowa

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.