

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36485

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5133 Registrar's No. 1186

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 town) Rural: Marion Twp.		c. CITY (If outside corporate limits, write RURAL and give township) Rural: Marion Twp.	
c. LENGTH OF STAY (In this place) life		d. STREET ADDRESS (If rural, give location) R. R. #1, Clarksdale	
d. FULL NAME OF HOSPITAL OR INSTITUTION R. R. #1, Clarksdale			

3. NAME OF DECEASED (Type or Print) a. (First) Matilda		b. (Middle) E.		c. (Last) Meister		4. DATE OF DEATH (Month) (Day) (Year) November 22, 1951				
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH February 12, 1869		9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 2 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Easton, Missouri			12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Joseph Pankun		13b. MOTHER'S MAIDEN NAME Rose unk.		14. NAME OF HUSBAND OR WIFE Paul Meister	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mr. Fred Meister, Clarksdale, Missouri	
17. 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, asthemia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminous Anemia				INTERVAL BETWEEN ONSET AND DEATH 10 years	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		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 2900				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
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?			

22. I hereby certify that I attended the deceased from Nov, 1945, to Feb 22, 1951, that I last saw the deceased alive on Sept, 1951, and that death occurred at 10:00A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William B. Kelley, M.D.		23b. ADDRESS Savannah, Mo.		23c. DATE SIGNED 11-25-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 11/26/1951		24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	
		24d. LOCATION (City, town, or county) (State) Buchanan County, Missouri			

DATE REC'D BY LOCAL REG. November 29, 1951		REGISTRAR'S SIGNATURE Carl C. Cassidy		25. FUNERAL DIRECTOR'S SIGNATURE Horton Bowman		ADDRESS Funeral Home St Joseph, Mo.	
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Eugene Wood

Signed.....
Student Embalmer

Licensed Embalmer No. *3804*

P. O. Address *319 So 10th 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 this body is not embalmed, fact should be so stated above.