

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25285

FILED AUG 6 1952

State File No.

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 246

1. PLACE OF DEATH a. COUNTY <u>Pettis 0804</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>SeDalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>WARSAW</u>	
c. LENGTH OF STAY (in this place) <u>2 Days</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hosp.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>DAVID</u>	b. (Middle) <u>A.</u>	c. (Last) <u>MEUSCHKE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 31, 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 30, 1869</u>	9. AGE (in years last birthday) <u>82</u>	10. UNDER 1 YEAR Months <u>10</u> Days <u>1</u>	11. UNDER 2 HRS. Hours <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm owner</u>	11. BIRTHPLACE (State or foreign country) <u>Lincoln, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>David Meuschke</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Unknown</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Anna Lunge</u>	ADDRESS <u>Warsaw, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chc. Pyelonephritis.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 Days.</u>
	ANTECEDENT CAUSES Morbidity 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 <u>Leukemia</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Hemorrhage G-I Tract.</u>		3 Days. 2 Days.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>6000</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) m.	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 15 Nov - 1948, to 31 July, 1952, that I last saw the deceased alive on 30 July, 1952, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>David H. Glenn M.D.</u>	(Degree or title)	23b. ADDRESS <u>Warsaw Mo</u>	23c. DATE SIGNED <u>1 Aug 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Aug 3, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Lutheran</u>	24d. LOCATION (City, town, or county) (State) <u>Lincoln Benton Mo</u>
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DATE REC'D BY LOCAL REG. <u>8/3-1952</u>	REGISTRAR'S SIGNATURE <u>W. H. Campbell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Reser</u>	ADDRESS <u>Warsaw</u>
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John J. Reese

Licensed Embalmer No. *4098*

P. O. Address *Warsaw*

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.