

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37755

State File No. ....

DEC 1 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1230

1. PLACE OF DEATH a. COUNTY <p align="center">Buchanan</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">Kansas</p>		b. COUNTY <p align="center">Doniphan</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">St. Joseph</p>		c. LENGTH OF STAY (In this place) <p align="center">unk.</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">White Cloud</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">Mo. Methodist Hospital</p>				d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <p align="center">LOUIS</p>	b. (Middle) <p align="center">LEON</p>	c. (Last) <p align="center">MEUGNIOT</p>	(Month) <p align="center">November</p>	(Day) <p align="center">23</p>	(Year) <p align="center">1952</p>

5. SEX <p align="center">male</p>	6. COLOR OR RACE <p align="center">white</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <p align="center">married</p>	8. DATE OF BIRTH <p align="center">March 22, 1874</p>	9. AGE (In years last birthday) <p align="center">78</p>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">ret. pharmacist</p>	10b. KIND OF BUSINESS OR INDUSTRY <p align="center">Drug Business</p>	11. BIRTHPLACE (State or foreign country) <p align="center">Wathena, Kansas</p>	12. CITIZEN OF WHAT COUNTRY? <p align="center">USA</p>
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13a. FATHER'S NAME <p align="center">Joseph Meugniot</p>	13b. MOTHER'S MAIDEN NAME <p align="center">Mary Volmont</p>	14. NAME OF HUSBAND OR WIFE <p align="center">Rose</p>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <p align="center">No</p>	16. SOCIAL SECURITY NO. <p align="center">None</p>	17. INFORMANT'S SIGNATURE OR NAME <p align="center">Mrs. Lewis Meugniot</p>	ADDRESS <p align="center">White Cloud, Kansas</p>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction</u>		<u>2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mesenteric thrombosis</u> DUE TO (c) _____		<u>4 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <p align="center">None</p>	19b. MAJOR FINDINGS OF OPERATION <p align="center">None</p>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <input type="checkbox"/> WORK 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 11-21, 1952, to 11-23, 1952, that I last saw the deceased alive on 11-22, 1952, and that death occurred at 11:00a.m., from the causes and on the date stated above.

23a. SIGNATURE <p align="center">Paul Jorgensen M.D.</p>	(Degree or title)	23b. ADDRESS <p align="center">St Joseph Mo</p>	23c. DATE SIGNED <p align="center">11-25-52</p>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <p align="center">11/24/1952</p>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <p align="center">White Cloud Kansas</p>
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DATE REC'D BY LOCAL REG. <p align="center">Nov. 28, 1952</p>	REGISTRAR'S SIGNATURE <p align="center">Carl C. Custer</p>	25. FUNERAL DIRECTOR'S SIGNATURE <p align="center">Heaton-Bowman Funeral Home</p>	ADDRESS <p align="center">St Joseph, Mo</p>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

3117  
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S. No. 300  
v. 10-48

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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.

Student .....  
Student Embalmer

Signed W. E. Edmonstone .....

Licensed Embalmer No. 4791 .....

P. O. Address 319 So. 10 St. Joplin, 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.