

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **35089**

FILED OCT 19 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1088

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Doniphan</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>6 weeks</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Elwood</b>		<b>8150 8</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Metho. Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>General Delivery</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b>		b. (Middle) <b>RICHARD</b>	c. (Last) <b>MIER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 7, 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 3, 1905</b>	9. AGE (In years last birthday) <b>48</b>	IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Millwright</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Swift &amp; Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Huron, Kansas /</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	13a. FATHER'S NAME <b>William Mier</b>		13b. MOTHER'S MAIDEN NAME <b>Lula Wolfe</b>	14. NAME OF HUSBAND OR WIFE <b>Georgia Mier</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>512-07-0075</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Georgia Mier, Elwood, Kans.</b>		
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) <b>Cancer of Kidney</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>
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 <b>180X</b>				20. AUTOPSY? YES <input checked="" 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 <b>Sept. 1, 1953</b> , to <b>Oct. 7, 1953</b> , that I last saw the deceased alive on <b>Oct. 6, 1953</b> , and that death occurred at <b>6:35A m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>William H. Ames, M.D.</b>			23b. ADDRESS <b>902 Edmond St., City</b>		23c. DATE SIGNED <b>10-10-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Oct 11, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Atchison, Kans.</b>		
DATE REC'D BY LOCAL REG. <b>Oct 12, 1953</b>	REGISTRAR'S SIGNATURE <b>Ernest M. Allison</b>		FURNERAL DIRECTOR'S SIGNATURE <b>Philip E. Rupp</b>	ADDRESS <b>St. Joseph, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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 E. Rupp*

Licensed Embalmer No. *3986*

P. O. Address *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.