

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **284**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **4**

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

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 township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington Twp.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph's Hosp. DOA		d. STREET ADDRESS (If rural, give location) R.F.D. # 5, St. Joseph	

3. NAME OF DECEASED (Type or Print)	a. (First) DONALD	b. (Middle) LEE	c. (Last) MIESTER	4. DATE OF DEATH (Month) (Day) (Year) 1 2 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-11-1931	9. AGE (In years last birthday) 22	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hour _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John J. Miester	13b. MOTHER'S MAIDEN NAME Ruth Fletcher	14. NAME OF HUSBAND OR WIFE Unknown
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. # 11	16. SOCIAL SECURITY NO. 491-28-2127	17. INFORMANT'S SIGNATURE OR NAME ADDRESS John J. Miester, Rt. # 5 St. Joseph, Mo.
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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, asthma, 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) Black Leaf #40 Poisoning 1 day.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Alcoholic Intoxication 1 day.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Man committed suicide		E 9718	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION by taking Black Leaf #40 Poisoning while in his home on R.F.D. #5	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph (Rural) Buchanan Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 1st 1954 12:30 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Man took poisoning himself
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22. I hereby certify that I attended the deceased from **1/2**, 19**54**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **1:00A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H F Mundy M.D. (Coroner)	23b. ADDRESS St. Joseph Mo.	23c. DATE SIGNED 1/2/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-4-1954	24c. NAME OF CEMETERY OR CREMATORY Mt. Olive	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
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DATE REC'D BY LOCAL REG. Jan 5, 1954	REGISTRAR'S SIGNATURE Kathleen M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Philo Stupp St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

JAN 19 1936

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. *7986*
P. O. Address *St. Joseph*

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.