

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**323**

State File No. ....

No. 300  
10.48

**FILED FEB 1 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 89

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Buchanan</u>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Andrew</u>
c. LENGTH OF STAY (in this place) <u>14 da</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Route # 1 0020</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>Helena, Missouri</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <u>Alonzo</u>	b. (Middle) <u>Franklin</u>	c. (Last) <u>Vanmeter</u>	<u>Jan. 24, 1954</u>		
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Never married</u>	<b>8. DATE OF BIRTH</b> <u>Sept. 10, 1874</u>		<b>9. AGE</b> (In years last birthday) <u>79</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Grain</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Missouri Andrew Co.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S. A.</u>

<b>13a. FATHER'S NAME</b> <u>James Vanmeter</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Charolette Courter</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>None</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> (If yes, give war or dates of service) <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. S.G. Jackson</u>
		<b>ADDRESS</b> <u>Helena, Mo.</u>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*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>	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>2 DAYS</u>  <u>UNKNOWN</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>CEREBRAL THROMBOSIS</u>		
	<b>ANTECEDENT CAUSES</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>  DUE TO (b) <u>ARTERIOSCLEROSIS,</u>  DUE TO (c)		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>NEPHRITIS, ARTERIOSCLEROTIC</u>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>332 X</u>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from** 1/10/54, 1954, to 1/24/54, 1954, that I last saw the deceased alive on 1/24/54, 1954, and that death occurred at 11:25 A. m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Allen Spierman M. D.</u>	<b>23b. ADDRESS</b> <u>706 FRANCIS, ST. JOSEPH, Mo.</u>	<b>23c. DATE SIGNED</b> <u>1/26/54</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Jan. 28, 54</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Union Star</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Union Star, Missouri</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>Jan 28, 1954</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Lothar M. Allison</u>	<b>5. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Roland D. Clark</u>	<b>ADDRESS</b> <u>King City, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 4 1954

MAR 3 1954

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

*Roland D. Clark*

Licensed Embalmer No.

*4477*

P. O. Address

*King City, 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.