

FILED NOV 8 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33145

State File No.

10.300
10.48

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

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1154</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>23y-11m-19da</u>		c. CITY OR TOWN <u>Plattsburg</u>		d. Is Residence within limits of a city or incorporated town? Yes <u>8</u> No <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>State Hospital #2</u>				e. STREET ADDRESS (If rural, give location) <u>0251</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u>			b. (Middle) _____			c. (Last) <u>TRANSUE</u>	
4. DATE OF DEATH <u>October 31, 1954</u>			5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>			8. DATE OF BIRTH <u>? ? 1881</u>		9. AGE (In years last birthday) <u>Abt. 73</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Common labor</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Plattsburg, Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth E. Fry</u>		
14. NAME OF HUSBAND OR WIFE <u>None</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>Clinton County Court, Plattsburg, Mo.</u>			18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>		
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>Chronic Myocarditis</u>				
II. OTHER SIGNIFICANT CONDITIONS <u>Imbecile since birth</u>			ANTECEDENT CAUSES <u>Arterio sclerosis</u>				
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>4221</u>			
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 <u>Oct 2, 1954</u> , to <u>Oct 31, 1954</u> , that I last saw the deceased alive on <u>Oct 30, 1954</u> , and that death occurred at <u>1:00A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. H. Marroway</u>			23b. ADDRESS <u>State Hospital #2, City</u>		23c. DATE SIGNED <u>10-31-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 1, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brethren Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Plattsburg, Mo.</u>	
DATE REC'D BY LOCAL REG <u>Nov 5, 1954</u>		REGISTRAR'S SIGNATURE <u>Loather M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. R. Lyon</u>		ADDRESS <u>Plattsburg, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Danell D. Lyon*.....

Licensed Embalmer No. *344*.....

P. O. Address *Plattsburgh*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.