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FILED MAY 3 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11304**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **5126** Registrar's No. **452**

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 town) Rural Crawford	c. LENGTH OF STAY (in this place) 2 weeks	c. CITY OR TOWN Rural Crawford	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. # 1, Faucett, Mo.		e. STREET ADDRESS (If rural, give location) Rt. # 1, Faucett, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) JAMES	b. (Middle) BERNARD	c. (Last) DREIER	4. DATE OF DEATH (Month) 4 (Day) 25 (Year) 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) Never married	8. DATE OF BIRTH 4-9-1954
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 0 IF UNDER 1 YEAR: Month 0 Day 14 IF UNDER 4 HRS. Hour 0 Min. 0
11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Francis Dreier	13b. MOTHER'S MAIDEN NAME Mary Ann Colburn	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Francis Dreier, Rt. # 1, Faucett, Mo.

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 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) meningitis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Spina Bifida + Meningocele 14 days 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	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)
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 **4-9 1954** to **4-25 1954**, that I last saw the deceased alive on **4-15 1954**, and that death occurred at **9:30 P** m., from the causes and on the date stated above.

23a. SIGNATURE Clement C. H. ... (Degree or title)	23b. ADDRESS St. Joseph Mo.	23c. DATE SIGNED 4-26-1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-26-1954	24c. NAME OF CEMETERY OR CREMATOR Mt. Olivet	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
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DATE REC'D BY LOCAL REG. May 1, 1954	REGISTRAR'S SIGNATURE Kathleen M. Allison	485	25. FUNERAL DIRECTOR'S SIGNATURE ...	ADDRESS St. Joseph, Mo.
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(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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 390

P. O. Address.....

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.