

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE 042

1000

1361

=62-041708

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. FILED DEC 10 1962 Primary Registration District No. _____ Registrar's No. _____

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, give TOWNSHIP only) OR TOWN Saint Joseph		Length of stay in 1b Life	c. CITY OR TOWN Saint Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Saint Joseph's Hospital			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3233 Renick	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) John A. Meidinger			4. DATE OF DEATH Month December Day 2 Year 1962		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-24-87	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months _____ Days _____
					IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchman, Retired		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Saint Joseph Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John Meidinger		13b. MOTHER'S MAIDEN NAME Mary Hinges		14. NAME OF HUSBAND OR WIFE Mary E. Meidinger	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mary E. Meidinger 3233 Renick Saint Joseph		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Colon DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/>	NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____
21. I attended the deceased from 5/25/53 to 12/2/62 and last saw him alive on 12/2/62 Death occurred at 12:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Thos Redmond MD (Degree or title)			22b. ADDRESS St. Joseph, Mo		22c. DATE SIGNED 12/3/62 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 5, 1962	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		23d. LOCATION (City, town, or county) St. Joseph, Mo.	
24. FUNERAL DIRECTOR H.O. Sidenfaden & Son 1802 Union ADDRESS			25. DATE RECD. BY LOCAL REG. Dec. 4, 1962	26. REGISTRAR'S SIGNATURE Mrs. Clark Standell	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

with Redmond

VS 300
Rev. 4/59

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2-1172
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4 0
5 1
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7 0
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9 153.8
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12 3-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

Barrett signed 12/14/62

DEC 13 1962

DEC 27 1962

JAN 29 1963

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 Robert H. Gaylor

Licensed Embalmer No. 3308

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.