

FILED FEB 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5578

BIRTH NO. _____		REG. DIST. NO. <u>214</u>		PRIMARY REG. DIST. NO. <u>5782</u>		Registrar's No. <u>127</u>			
1. PLACE OF DEATH a. COUNTY <u>Miller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Iberia Osage Twp.</u>		c. LENGTH OF STAY (in this place) <u>10 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Iberia Osage Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>Route 2</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>				3. NAME OF DECEASED a. (First) <u>Henry</u> b. (Middle) <u>Allen</u> c. (Last) <u>Meiburger</u>					
4. DATE OF DEATH (Month) (Day) (Year) <u>January 31, 1949</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>			
8. DATE OF BIRTH <u>March 30, 1897</u>		9. AGE (in years last birthday) <u>51</u>		10. MONTHS <u>11</u>		11. DAYS <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Miller County Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>George Meiburger</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			
14. NAME OF HUSBAND OR WIFE <u>Veta Mildred Meiburger</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Sept. 14, 1918</u>		16. SOCIAL SECURITY NO. <u>490-09-8559</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Veta Meiburger</u>				18. ADDRESS <u>Dixon Dixon Mo</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>December 22, 1918</u>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the Esophagus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 months</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.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1501</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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>July 2, 1948</u> , to <u>Jan. 31, 1949</u> , that I last saw the deceased alive on <u>Jan 10, 1949</u> , and that death occurred at <u>4:15 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Wm. A. Gould</u>				(Degree or title) <u>Doc. 2</u>		23b. ADDRESS <u>Iberia Mo</u>		23c. DATE SIGNED <u>2/1/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/3/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hickory Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Etterville, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>2-2-49</u>		REGISTRAR'S SIGNATURE <u>John G. Schweitzer</u>		194 25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter C. Hedges</u>		ADDRESS <u>Iberia Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

Date Filed 2-17-49  
 District File Number \_\_\_\_\_  
 District Health Officer No. 9  
**RECEIVED**  
**APR 15 1949**  
**APR 6 1949**

**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 Walter P. Hedges, Student Embalmer No. \_\_\_\_\_, working under my personal supervision.

Student .....  
 Student Embalmer

Signed Walter P. Hedges  
 Licensed Embalmer No. 4265  
 P. O. Address Berlin, Md.

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.