

FILED APR 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8902

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BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 582 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jackson R.R. #4		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City	
c. LENGTH OF STAY (In this place) 16 yr		d. STREET ADDRESS (If rural, give location) 414 North Penn	
d. FULL NAME OF HOSPITAL OR INSTITUTION Atlas Powder Co.			
3. NAME OF DECEASED a. (First) Christian b. (Middle) Messner c. (Last) Messner			4. DATE OF DEATH (Month) (Day) (Year) March 21, 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 25, 1888
9. AGE (In years last birthday) 60		10. MONTHS 7	11. DAYS 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Box factory		10b. KIND OF BUSINESS OR INDUSTRY Atlas Powder Co.	11. BIRTHPLACE (State or foreign country) Hurley, Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Michael Messner		13b. MOTHER'S MAIDEN NAME No data	14. NAME OF HUSBAND OR WIFE Theodicha Messner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME Theodicha Messner
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion, acute ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension, chronic 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 H444	
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) m.	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 Jan. 1940, to Feb. 21, 1949, that I last saw the deceased alive on Feb. 18, 1949, and that death occurred at One P. m., from the causes and on the date stated above.			
23a. SIGNATURE Emory J. Minter, M.D.		23b. ADDRESS 417 So. Main Carthage Mo	23c. DATE SIGNED MAR 23 1949
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/24/49	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	24d. LOCATION (City, town, or county) (State) Webb City, Missouri
DATE REC'D BY LOCAL REG. Feb 26 1949	REGISTRAR'S SIGNATURE L. B. Clinton	25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis	ADDRESS Webb City, Mo.

Ter. n. - August 1948 (Licensed Embalmer's Statement on Reverse Side)

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

OCT 2 1961

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.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 2657

P. O. Address Webb City

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.