

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18676

BIRTH NO.		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 679
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 township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		
c. LENGTH OF STAY (In this place) 1 year		d. STREET ADDRESS (If rural, give location) St. Charles Hotel		
d. FULL NAME OF HOSPITAL OR INSTITUTION 5th & Patee Sts				
3. NAME OF DECEASED (Type or Print) a. (First) Harry Lee Meyer		b. (Middle)		c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) 6-13-49				
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH March 19, 1893	9. AGE (In years last birthday) 56
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant Marine, Engineer 1st Class- Merna, Nebr		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) USA
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes 1st W. W.		16. SOCIAL SECURITY NO. not given		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Ethel Andre, North Platte, Nebr
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun shot wound through the head.		INTERVAL BETWEEN ONSET AND DEATH 1 day.		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) the head.		
		DUE TO (c) Man shot himself through the head with a .32 caliber automatic pistol.		
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. the head with a .32 caliber automatic pistol.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E-976X		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 5th & Patee st		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Joseph Buchanan Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) June 13, 1949 3:00 AM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Self inflicted gun shot wound
22. I hereby certify that I attested the deceased from on 6/13, 1949 to , that I last saw the deceased alive on 3 AM , 19 49 , and that death occurred at m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) H. F. Mundy M.D. (Coroner)		23b. ADDRESS St. Joseph, Mo. 404 S.O. 3d. St.		23c. DATE SIGNED 6/13/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-16-49		24c. NAME OF CEMETERY OR CREMATORY Arnold Cemetery
24d. LOCATION (City, town, or county) (State) Arnold, Nebr				
DATE REC'D BY LOCAL REG. June 21, 1949		REGISTRAR'S SIGNATURE E. C. Jenkins 382		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Barry Funeral Home, St. Joe, Mo.

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

1894
16700

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
Student Embalmer

Signed Victor Barry

Licensed Embalmer No. 4212

P. O. Address S. T. 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 this body is not embalmed, fact should be so stated above.