

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22832

BIRTH NO. _____		REG. DIST. NO. <u>65</u>		PRIMARY REG. DIST. NO. <u>4113</u>		Registrar's No. <u>30</u>			
1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>					
b. CITY OR TOWN <u>BRUNSWICK</u>		c. LENGTH OF STAY (in this place) <u>40 YEARS</u>		c. CITY OR TOWN <u>BRUNSWICK</u>		21			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>					
3. NAME OF DECEASED (Type or Print) <u>ADELINE</u>			a. (First)		b. (Middle) <u>MYERS</u>		c. (Last)		
4. DATE OF DEATH <u>JULY 18-1949</u>		(Month) (Day) (Year)		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>		8. DATE OF BIRTH <u>12-14-1875</u>		9. AGE (in years last birthday) <u>73</u>		IF UNDER 1 YEAR Months Days		IF UNDER 6 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWORK</u>		11. BIRTHPLACE (State or foreign country) <u>BRUNSWICK Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>WM MORTMEYER</u>			13b. MOTHER'S MAIDEN NAME <u>MARY MEYER</u>			14. NAME OF HUSBAND OR WIFE <u>✓</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME				ADDRESS	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Primary Carcinoma Of Liver</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Chronic Cholecystitis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>Acute Respiratory failure terminal</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 Yrs.</u> <u>10 yrs.</u> <u>1567</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) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>July 8, 1949</u> , to <u>July 18, 1949</u> , that I last saw the deceased alive on <u>July 18, 1949</u> , and that death occurred at <u>6 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J.P. Fowler</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Brunswick, Mo.</u>			23c. DATE SIGNED <u>7/18/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-20-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ELLOTT GROVE</u>		24d. LOCATION (City, town, or county) (State) <u>BRUNSWICK Mo.</u>			
DATE REC'D BY LOCAL REG. <u>7-28-49</u>		REGISTRAR'S SIGNATURE <u>Mildred Boone</u>			56		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. Meisel</u> ADDRESS <u>Brunswick, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 2

District Health Officer No. 8,

District File Number.....

Date Filed 8-12-49

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 L. M. Weiser

Signed.....
Student Embalmer

Licensed Embalmer No. 823

P. O. Address Brunswick N

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.