

FILED AUG 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26491

State File No.

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY COOPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY COOPER	
b. CITY (If outside corporate limits, write RURAL and give town) BOONVILLE		c. CITY (If outside corporate limits, write RURAL and give township) BOONVILLE	
c. LENGTH OF STAY (in this place) 81 yrs		d. STREET ADDRESS (If rural, give location) 1109 SIXTH STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) **AUGUST** b. (Middle) **ALBERT** c. (Last) **MAYER**

4. DATE OF DEATH (Month) (Day) (Year) **AUGUST 15-1949**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **NEVER MARRIED** 8. DATE OF BIRTH **AUGUST 3-1868** 9. AGE (In years last birthday) **81** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **RETIRED PAINTER** 10b. KIND OF BUSINESS OR INDUSTRY **DECORATING** 11. BIRTHPLACE (State or foreign country) **BOONVILLE - MISSOURI** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **JOSEPH MAYER** 13b. MOTHER'S MAIDEN NAME **MARGARET SCHOEN** 14. NAME OF HUSBAND OR WIFE **SINGLE**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** (If yes, give war or dates of service) **NO** 16. SOCIAL SECURITY NO. **NONE** 17. INFORMANT'S SIGNATURE OR NAME **FRANK MAYER - BOONVILLE, MO.** ADDRESS

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) **Cerebral Apoplexy**

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **Chronic Seminalis hyp.**

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **5 days**

334X

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Aug 10, 1949 to Aug 15, 1949, that I last saw the deceased alive on Aug 15, 1949, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **W.E. Acorn M.D.** 23b. ADDRESS **Boonville Mo** 23c. DATE SIGNED **8-16-49**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **AUGUST 17-1949** 24c. NAME OF CEMETERY OR CREMATORY **WALNUT GROVE CEM.** 24d. LOCATION (City, town, or county) (State) **BOONVILLE - MO.**

DATE REC'D BY LOCAL REG. **Aug 16-49** REGISTRAR'S SIGNATURE **D. Cooper 381** 25. FUNERAL DIRECTOR'S SIGNATURE **STEGNER FUNERAL HOME** ADDRESS **BOONVILLE MO.**

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

RECEIVED AUG 24
District Health Officer No. 8,

District File Number _____

Date Filed 8-26-49

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 James W. Stegner

Signed _____
Student Embalmer

Licensed Embalmer No. 3780

P. O. Address Boonville, 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.