S. No. 300
v. 10.46

FILED AUG 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28980

BIRTH NO. _____ REG. DIST. NO. 325 PRIMARY REG. DIST. NO. 4480 Registrar's No. 35

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1. PLACE OF DEATH
a. COUNTY: Schuyler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greentop
c. LENGTH OF STAY (In this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Van Osdol Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Schuyler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greentop 98
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Pauline
b. (Middle): Ruth
c. (Last): Meier

4. DATE OF DEATH (Month) (Day) (Year): 8 - 8 - 49

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 15, 1902
9. AGE (In years last birthday): 47 — 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)
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): St. Louis, Mo
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Henry Dustmann
13b. MOTHER'S MAIDEN NAME: Ida Wassmund
14. NAME OF HUSBAND OR WIFE: Albert J. Meier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Albert J. Meier, Greentop, Mo.

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) Bronchiectasis — INTERVAL BETWEEN ONSET AND DEATH: July - 1 to time of death

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Nephritic Oedema
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 526 X

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) m.
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* July 1, 1949, *to* 8-8, 1949, *that I last saw the deceased alive on* 8-8, 1949, *and that death occurred at* 3 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. H. Van Osdol Do.
23b. ADDRESS: Greentop, Mo.
23c. DATE SIGNED: 8-8-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8/8/49
24c. NAME OF CEMETERY OR CREMATORY: St. Louis, Mo.
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: Aug 8-49
REGISTRAR'S SIGNATURE: Mrs. Ayr Drake 353
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Paul M. Riley, Kirksville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 15 1949
District Health Officer No. 10
District File Number 8-49-1417
Date Filed AUG 16 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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed Roy H. Mercer

Licensed Embalmer No. 4432

P. O. Address Kirksville, Mo.

Signed _____
Student Embalmer

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.