

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40923

State File No.

FILED JAN 4 1950

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. - DIST. NO. 3023 Registrar's No. 280

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>HENRY</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>CLINTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>CLINTON</u>	
c. LENGTH OF STAY (In this place) <u>3 hours</u>		d. STREET ADDRESS (If rural, give location) <u>107 S Orchard</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CLINTON GENL HOSPR</u>			

3. NAME OF DECEASED a. (First) <u>HENRY</u> b. (Middle) <u>JOHN</u> c. (Last) <u>MEYER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 29 1949</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>FEB 15 1882</u>		9. AGE (In years last birthday) <u>67</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HARDWARE</u>		11. BIRTHPLACE (State or foreign country) <u>ST Louis MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Wm C MEYER</u>		13b. MOTHER'S MAIDEN NAME <u>MATHILDA MAUNE</u>		14. NAME OF HUSBAND OR WIFE <u>STELLA MEYER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Stella Meyer Clinton Mo</u>	
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>	
ANTECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Hypertension</u>	
		DUE TO (c) <u>Angina Pectoris</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____	
19c. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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) <u>None</u>		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 2/7 1945 to 12/29 1949 that I last saw the deceased alive on 12/28 1949, and that death occurred at 7:30 Am. from the causes and on the date stated above.

23a. SIGNATURE <u>A. C. Peeler M.D.</u> (Degree or title)		23b. ADDRESS <u>Clinton Mo</u>		23c. DATE SIGNED <u>12/30/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-31-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ENGLEWOOD Cem</u>		24d. LOCATION (City, town, or county) (State) <u>CLINTON MO</u>	
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DATE REC'D BY LOCAL REG. <u>Dec-31-49</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Comalieu Clinton Mo</u>		ADDRESS _____	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 12-49-1523

Date Filed 1-3-50

NOV 22 1954

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 _____

J E Consoer

Licensed Embalmer No. 1891

P. O. Address Clinton 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.