

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42004**

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

1. PLACE OF DEATH a. COUNTY Pettis		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 CAUSE) OR TOWN Sedalia Rural		c. LENGTH OF STAY (In this place) 2 month	
d. FULL NAME OF HOSPITAL OR INSTITUTION Buena Vista Home		d. STREET ADDRESS (If rural, give location) Buena Vista Home	
3. NAME OF DECEASED a. (First) Martin		b. (Middle) Meyer	
c. (Last) Meyer		4. DATE OF DEATH (Month) (Day) (Year) Dec. 27, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Divorced	8. DATE OF BIRTH Aug. 22, 1874
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months 4 Days 5	IF UNDER 12 HRS. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist Mo-Pac.		10b. KIND OF BUSINESS OR INDUSTRY Railroads	
11. BIRTHPLACE (State or foreign country) Pettis County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Ferdinand Meyer		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Cathinca Schwensen		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 702-16-3031		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Leonard Trougott, Cole Camp,	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Enlarged Heart Inflammation DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Sclerosis	
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)		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 <u>Nov 16, 1949</u> to <u>Nov 27, 1949</u>, that I last saw the deceased alive on <u>Nov 25, 1949</u>, and that death occurred at <u>6:30 a. m.</u>, from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS Sedalia, Mo.	
23c. DATE SIGNED Nov 28-49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 12/29/49		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) Sedalia, Missouri		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Sedalia, Mo.	
DATE REC'D BY LOCAL REG. 12/29/49		REGISTRAR'S SIGNATURE Betty Yeager	
25. GENERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Sedalia, Mo.		(Licensed Embalmer's Statement on Reverse Side)	

RECEIVED

1-3-50

JAN 3 1950

Office No.

Date Filed

1-6-50

DN. [Signature]

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 *P. E. Baker*

Licensed Embalmer No. *2419*

P. O. Address *Sedalia*

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.