

FILED JAN 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 415  
 Registrar's No. 11

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Call</u>	
b. CITY OR TOWN <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>	
c. LENGTH OF STAY (in this place) <u>6m 1d</u>		d. STREET ADDRESS (If rural, give location) <u>500 Broadway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hos #1</u>			
3. NAME OF DECEASED a. (First) <u>TERESA-KATHERINE-MEYER</u> (Type or Print) b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 12 1950</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>- dK</u>
9. AGE (If years last birthday) <u>78</u>		10. AGE (If under 1 year) (If under 12 hrs.) Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	
11. BIRTHPLACE (State or foreign country) <u>MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Snyder</u>		13b. MOTHER'S MAIDEN NAME <u>Justine Schrimp</u>	
14. NAME OF HUSBAND OR WIFE <u>Herman E. Meyer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>dK</u>		16. SOCIAL SECURITY NO. <u>dK</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Miss Cecelia Meyer</u>		ADDRESS <u>500 Broadway Jefferson City 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes Mellitus</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>8-4-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Foot removed - gangrene</u>	
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) (Min.) _____		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>7-11</u> , 19 <u>49</u> , to <u>1-12</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-12</u> , 19 <u>50</u> , and that death occurred at <u>7:30</u> p. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>A. Juey MD by J. Caldwell MD</u>		23b. ADDRESS <u>State Hos Fulton</u>	
23c. DATE SIGNED <u>1-12-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 16, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Buried</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson City Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan-13-1950</u>		REGISTRAR'S SIGNATURE <u>Maretta Lawrence</u> ADDRESS <u>426 Sylvesterville</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Sylvesterville</u>		ADDRESS <u>J. C. New</u>	

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

RECEIVED  
JAN 16 1950  
District Health Officer No. 9,  
District File Number

VS JUL 6 1962

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.....  
*Sylvester Dille*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4321*

P. O. Address *Jefferson City 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.