

FILED MAY 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12188

No. 48

BIRTH NO.		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 5171		Registrar's No. 152	
1. PLACE OF DEATH a. COUNTY CALLAWAY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CALLAWAY			
b. CITY OR TOWN RURAL ST. AUBERT		c. LENGTH OF STAY (in this place) 47 YEARS		c. CITY OR TOWN RURAL ST. AUBERT		0140	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 MILES WEST OF MOKANE				d. STREET ADDRESS (If rural, give location) 2 MILES WEST OF MOKANE			
3. NAME OF DECEASED (Type or Print) AUGUST FREDERICK MEYER			a. (First) FREDERICK b. (Middle) MEYER c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) MAY 1 1950	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH DEC. 24, 1861	
9. AGE (In years last birthday) 88		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (State or foreign country) GERMANY 4	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE MINNIE MEYER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Bill Meyer ADDRESS MOKANE, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza & Asthma 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 Chronic endocarditis & Chronic nephritis Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 481 X	
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) (Minute)		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 2-6 , 19 50 , to 5-1 , 19 50 , that I last saw the deceased alive on 4-30 , 19 50 , and that death occurred at 3 a. m. , from the causes and on the date stated above.							
23a. SIGNATURE W. D. Payne M.D. (Degree or title)				23b. ADDRESS R # 6, Fulton		23c. DATE SIGNED 5-3-1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5/3/1950		24c. NAME OF CEMETERY OR CREMATORY MOKANE		24d. LOCATION (City, town, or county) (State) MOKANE, MO.	
DATE REC'D BY LOCAL REG. May 6-1950		REGISTRAR'S SIGNATURE Maretha Lawrence		426		25. FUNERAL DIRECTOR'S SIGNATURE Morgan Funeral Home, Fulton, Mo. ADDRESS	

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

District File Number.....

District Health Officer No. 9,

RECEIVED
MAY 8 1958

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.....
Student Embalmer

Signed Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton, 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.