

FILED MAY 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17229

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <i>Jefferson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Jefferson</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Hemate</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Hemate 0500</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <i>0</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>William</i> b. (Middle) <i>F.</i> c. (Last) <i>Meyer</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>2-11-50</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Aug 29-1888</i>
9. AGE (In years last birthday) <i>61</i> IF UNDER 1 YEAR Months <i>5</i> Days <i>12</i> IF UNDER 2 HRS. Hours Min.		11. BIRTH PLACE (State or foreign country) <i>Lutesville Mo</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life. (See if required) <i>Carpenter-Painter</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>own</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Geo. W. Meyer</i>	
13b. MOTHER'S MAIDEN NAME <i>May L. Neishaid</i>		13c. NAME OF HUSBAND OR WIFE <i>Madge James Meyer</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Madge Meyer</i>		ADDRESS <i>Hemate Mo</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pulmonary Tuberculosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Several Yes Exact Time Unknown</i>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		DOZ	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <i>4-28</i> , 19 <i>47</i> , to <i>2-11</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>2-11</i> , 19 <i>50</i> , and that death occurred at <i>4:30 P.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>M.D. ...</i> (Degree or title)		23b. ADDRESS <i>Crystal City, Mo</i>	
23c. DATE SIGNED <i>2-13-50</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>2-13-50</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Hemate Methodist</i>		24d. LOCATION (City, town, or county) (State) <i>Hemate Mo</i>	
DATE REC'D BY LOCAL REG. <i>2/14/50</i>		REGISTRAR'S SIGNATURE <i>142</i> <i>Clean Belmont</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>"Jinks"</i>		ADDRESS <i>Feustus Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFAADING BLACK INK--MAKE A PERMANENT RECORD

DATE RECEIVED 5-11-50
HILLSBORO, MISSOURI
JEFFERSON COUNTY HEALTH DEPT.

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

Eleanora Province

Licensed Embalmer No.

3403

P. O. Address

Jestus, 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.