No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23872

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 5891 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HILLSBORO RT
c. LENGTH OF STAY (in this place): 4 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: JEFFERSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HILLS BORO 053
d. STREET ADDRESS (If rural, give location): RR1 BOX 86

3. NAME OF DECEASED (Type or Print)
a. (First): HELYN
b. (Middle): MAY
c. (Last): MEYER

4. DATE OF DEATH (Month) (Day) (Year): JULY 4 1950

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: DEC 25 1878
9. AGE (In years last birthday): 72 — If under 1 year: Months 6, Days 9 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): SEDALIA, MO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: JAMES O'BRIEN
13b. MOTHER'S MAIDEN NAME: REBECCA SWAN
14. NAME OF HUSBAND OR WIFE: ALBERT W MEYER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: ALBERT W MEYER — ADDRESS: O'BRIEN

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): CORONARY FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 1WK

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.: ESSENTIAL HYPERTENSION

19a. DATE OF OPERATION: _____
19b. MAJOR FINDINGS OF OPERATION: _____
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Natural
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): HILLSBORO JEFFERSON MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: _____

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* JULY 4, 1950, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Daniel J Malin (Degree or title): Coroner
23b. ADDRESS: De Soto MO.
23c. DATE SIGNED: 7/4/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/6/50
24c. NAME OF CEMETERY OR CREMATORY: CROWN HILL
24d. LOCATION (City, town, or county) (State): SEDALIA MO.

DATE REC'D BY LOCAL REG.: 7/6/50
REGISTRAR'S SIGNATURE: Kathleen Marsden 141
25. FUNERAL DIRECTOR'S SIGNATURE: CR Lupton — **ADDRESS**: 7233 Delmar Blvd ST LOUIS MO
(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 7-27-50

I hereby certify that the bod

working under my personal super

Student .....
Student Embalm

Note: The above MUST B
the above constitutes grounds for
. If this body is not embalmed

C.R.Lupton & Sons Undertaking Co.

Address 7233 Delmar Blvd.,

St. Louis, Mo.

EMBALMER'S CERTIFICATION

is is to certify that I, the undersigned, a licensed embalmer, personally and efficiently embalmed the owing described corpse:

name Helyn O'Brien Meyer. Race White

ce and date of death Coronary Failure

sician (or Coroner) signing Certificate ~~Dr. Owen.~~ D. J. Halm Coroner

ce and date of Embalming Lupton Chapel;7233 Delmar Blvd;St/Louis 7/4/50

harks Please attach to Certificate

ned Clarence H. Murray Missouri License No. 4011