

FILED JUL 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24338

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 76

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Pulaski</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u> | |
| c. LENGTH OF STAY (in this place) <u>7 days</u> | | d. STREET ADDRESS (If rural, give location) <u>R. R. #1</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waynesville General Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>George</u> c. (Last) <u>Meschke</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>6 29 50</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>March 17 1932</u> | | 9. AGE (in years last birthday) <u>18</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>I.G.A. Market</u> | 11. BIRTHPLACE (State or foreign country) <u>Rolla, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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|---|--|---|--|---|--|
| 13a. FATHER'S NAME <u>Bruno Meschke</u> | | 13b. MOTHER'S MAIDEN NAME <u>Emma Bennett</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>483-32-3354</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Oscar Meschke, R. R. #1, Rolla, Mo.</u> | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> | | | <u>2 da.</u> |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | <u>69.364</u> |
| | | DUE TO (b) <u>Fracture Compression #5th cervical</u> DUE TO (c) <u>with severance of Spinal cord</u> | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | <u>47</u> <u>1 week</u> |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, barn, factory, street, office bldg., etc.) <u>Swimming pool</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rolla Phelps Mo</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6 22 50 8p.m.</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Going down slide</u> | |

22. I hereby certify that I attended the deceased from 6-22, 1950, to 6-29, 1950, that I last saw the deceased alive on 6-29, 1950, and that death occurred at 7:40 P.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>James M. Myers M.D.</u> | | 23b. ADDRESS <u>Rolla Mo</u> | | 23c. DATE SIGNED <u>7-3-50</u> | |
|---|--|------------------------------|--|--------------------------------|--|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>July 1, 1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Peace Lutheran</u> | | 24d. LOCATION (City, town, or county) (State) <u>Rolla Phelps Co. Mo.</u> | |
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| DATE REC'D BY LOCAL REG. <u>7-10-50</u> | | REGISTRAR'S SIGNATURE <u>Thelma C. Buckthorpe</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Hollow Rolla, Mo</u> | |
|---|--|---|--|---|--|

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

850

RECEIVED 7/8/50
Pulaski County Health Officer
File Number.....
Date Filed..... 7/10/50

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.....

Licensed Embalmer No. 3643

P. O. Address..... Peesa, 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.