S. No. 300
V. 10.48

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

FILED SEP 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27610

BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 5811 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Rural Montgomery Township~~
c. LENGTH OF STAY (in this place): 20 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: Missouri
b. COUNTY: Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Montgomery Township
d. STREET ADDRESS (If rural, give location): 0720

3. NAME OF DECEASED (Type or Print)
a. (First): Lydia
b. (Middle): Anna
c. (Last): Meyerkort

4. DATE OF DEATH (Month) (Day) (Year): August 20, 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: January 28, 1871
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months: 7 Days: 0 — IF UNDER 24 HRS.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Lawrence, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Fredrick Femmer
13b. MOTHER'S MAIDEN NAME: Hennrieta Hviebrier
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Lawrena C. Wehrman
ADDRESS: Montgomery City Missouri

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) myocardial degeneration — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with sudden decompensation 8-15-50
DUE TO (c) advanced arterio-sclerosis — 15 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4221

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

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) 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* 8-15, 1950, *to* 8-20, 1950, *that I last saw the deceased alive on* 8-15, 1950, *and that death occurred at* 7:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Abel Van Arsdale (Degree or title): D.O.
23b. ADDRESS: Montgomery City Mo
23c. DATE SIGNED: 8-21-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: August 22, '50
24c. NAME OF CEMETERY OR CREMATORY: Bellflower Cemetery
24d. LOCATION (City, town, or county) (State): Bellflower, Missouri

DATE REC'D BY LOCAL REG.: 8-29-50
REGISTRAR'S SIGNATURE: Bernice E. Wyatt 434
25. FUNERAL DIRECTOR'S SIGNATURE: Schlanker Mortuary
ADDRESS: Montgomery City Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
AUG 31 1950
DISTRICT HEALTH OFFICE No. 4
File No. _____

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 E. Boone Schlanker

Licensed Embalmer No. 4136

P. O. Address Montgomery 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.