S. No. 300
v. 10.48

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

FILED SEP 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29180

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4815 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Sullivan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Milan
c. LENGTH OF STAY (In this place): 7 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Simpson Hospt

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Sullivan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Milan 1050
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle): Ellan
c. (Last): Meyer

4. DATE OF DEATH (Month) (Day) (Year): 8 12 1950

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 8-10-1860
9. AGE (In years last birthday): 90
IF UNDER 1 YEAR: Months 0 Days 2
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Edina Mo 0
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Richard White
13b. MOTHER'S MAIDEN NAME: Rebecca Dolan
14. NAME OF HUSBAND OR WIFE: Fred Meyer's dead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Fred Meyer
ADDRESS: Milan - No

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) Senile Changes. — INTERVAL BETWEEN ONSET AND DEATH

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.

794X

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* July 1, 1950, *to* Aug 12, 1950, *that I last saw the deceased alive on* Aug 12, 1950, *and that death occurred at* 6 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ed Simpson DO (Degree or title)
23b. ADDRESS: Milan, Mo
23c. DATE SIGNED: 8-16-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-14-50
24c. NAME OF CEMETERY OR CREMATORY: St Mary's Cem.
24d. LOCATION (City, town, or county) (State): Milan Mo

DATE REC'D BY LOCAL REG.: Sept 1-1950
REGISTRAR'S SIGNATURE: Mrs. H. B. Harris 320
25. FUNERAL DIRECTOR'S SIGNATURE: Dwight Schoene
ADDRESS: Milan Mo

(Licensed Embalmer's Statement on Reverse Side)

Date Received: SEP 5 1950
DISTRICT HEALTH OFFICE #2
District File Number 9-50-1421
~~Date Filed:~~ SEP 7 1950

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 Dwight Schoene

Signed.....
Student Embalmer

Licensed Embalmer No. 2667

P. O. Address Milan - 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.