

FILED SEP 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29278

No. 300  
10-48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 254

0013  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>IOWA</u> b. COUNTY <u>PALM</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>DES MOINES 8140</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>1417 11th STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Krum-Smith Memorial</u>			
3. NAME OF DECEASED a. (First) <u>WALTER</u>		b. (Middle) <u>LEWIS</u>	
c. (Last) <u>MEYER JR.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 18 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>JUNE 30, 1921</u>
9. AGE (In years last birthday) <u>29</u>		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Auxvasse Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>WALTER LEWIS MEYER</u>		13b. MOTHER'S MAIDEN NAME <u>Ethel Mae Simcoe</u>	
14. NAME OF HUSBAND OR WIFE <u>MATTIE LOU MEYER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Walter Lewis Meyer, Jr.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Concussion of brain</u>  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. <u>Various fractures and contusions</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>124</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public Highway</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Altenwood (Rural) Shelby, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept. 15 1950 1:30 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Auto turned over on curve.</u>			
22. I hereby certify that I attended the deceased from <u>9/15</u> , 19 <u>50</u> , to <u>9/18</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>9/18</u> , 19 <u>50</u> , and that death occurred at <u>6:35 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. P. King</u>		23b. ADDRESS <u>Kirkville, Mo.</u>	
23c. DATE SIGNED <u>9/18/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9/18/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Green Mount Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Currency Illinois</u>	
DATE REC'D BY LOCAL REG. <u>9-18-50</u>		REGISTRAR'S SIGNATURE <u>Walter Lambert</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert B. Davis</u>		ADDRESS <u>Kirkville, Mo.</u>	

SEP 27 1950

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Date Received: SEP 25 1950  
DISTRICT HEALTH OFFICE #2  
District File Number 9-50-1  
Date Filed: SEP 27 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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Robert B. Davis*

Licensed Embalmer No. *4219*

P. O. Address *Funksville, 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.