

Doc 812 a 11
FILED NOV 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33934

State File No.

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 78

590

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

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL MERAMEC</u>		c. LENGTH OF STAY (In this place) <u>Entire life</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>OWN HOME NEAR HOUSE SPRINGS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL MERAMEC TOWNSHIP 05220</u>	
		d. STREET ADDRESS (If rural, give location) <u>NEAR HOUSE SPRINGS</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u> b. (Middle) <u>BERTHA</u> c. (Last) <u>LONY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 - 12 - 1950</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>MARCH 27 - 1877</u>		9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>15</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (State or foreign country) <u>HOUSE SPRINGS MO</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>DIEDRICH MEIER</u>		13b. MOTHER'S MAIDEN NAME <u>ROSTINA MILLER</u>		14. NAME OF HUSBAND OR WIFE <u>HENRY LONY DEC.</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles Lony</u> ADDRESS <u>House Springs Mo</u>	
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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) <u>Hypertension</u> ANTECEDENT CAUSES <u>Atherosclerosis</u> Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2</u> <u>447 X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from May 8, 1950 to Oct 12, 1950, that I last saw the deceased alive on Oct 11, 1950, and that death occurred at 8:15 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Deputy or type) <u>Dr. Townsend MD</u>		23b. ADDRESS <u>House Springs</u>		23c. DATE SIGNED <u>10/13-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-15-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST MARTINS</u>		24d. LOCATION (City, town, or county) (State) <u>HIGH RIDGE MO</u>	
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DATE REC'D BY LOCAL REG. <u>Oct-27-50</u>		REGISTRAR'S SIGNATURE <u>Mrs Ruth Jira</u>		438		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Summer</u> ADDRESS <u>House Springs Mo</u>	
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MAY 10 1950

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 10-31-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *John H. Bremer*

Signed.....

Student Embalmer

Licensed Embalmer No. 1470

P. O. Address *House Springs - 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.