

FILED NOV 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34091

BIRTH NO. _____		REG. DIST. NO. 200		PRIMARY REG. DIST. NO. 3041		Registrar's No. 129			
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>		c. LENGTH OF STAY (In this place) <u>2 hours</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Glasgow Rural 2610</u>		d. STREET ADDRESS (If rural, give location) <u>5 miles west of Glasgow</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Samaritan Hospital</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u> b. (Middle) <u>Marie</u> c. (Last) <u>Meyer</u>			4. DATE OF DEATH <u>Nov 6, 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>July 12, 1871</u>		9. AGE (In years, last birthday) <u>79</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Henry Strotzman</u>		13b. MOTHER'S MAIDEN NAME <u>Wilhelma Engle</u>		14. NAME OF HUSBAND OR WIFE <u>John H. Meyer (Deceased)</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not otherwise) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Record</u> ADDRESS <u>Macon Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Coronary Artery Disease</u> DUE TO (b) <u>Hypertension arterial</u> DUE TO (c) <u>unknown</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Old cerebral hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> <u>331X</u> <u>8 mo</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 <input checked="" type="checkbox"/> (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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>May 22, 1950</u> , to <u>Nov 6, 1950</u> , that I last saw the deceased alive on <u>Nov 6, 1950</u> , and that death occurred at <u>1:55 P. M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>106 1/2 Viney, Macon, Mo.</u>		23c. DATE SIGNED <u>11-6-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Nov 6, 1950</u>		24c. NAME OF CEMETERY, OR CREMATORY <u>Washington</u>		24d. LOCATION (City, town, or county) (State) <u>Glasgow Mo</u>			
DATE REC'D BY LOCAL REG. <u>11-6-50</u>		REGISTRAR'S SIGNATURE <u>Ruth Mcneely</u>		FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Fremont Glasgow Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MACON COUNTY HEALTH DEPARTMENT
County File No. 11-50-206
Date Filed 11-8-50

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
Student Embalmer

Student Embalmer No. _____
Signed 

Licensed Embalmer No. 3978

P. O. Address Glasgow, N.C.

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.