

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **34260**

FILED NOV 15 1950

No. 300
10.48

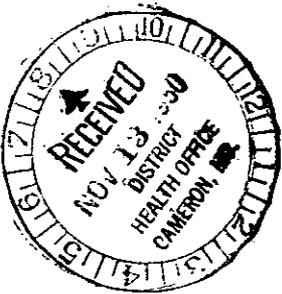
BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 3048		Registrar's No. 226		
1. PLACE OF DEATH a. COUNTY Madawaski				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE mo b. COUNTY Madawaski				
b. CITY OR TOWN Marysville mo		c. LENGTH OF STAY (in this place) 10 days		c. CITY OR TOWN Helix mo		d. STREET ADDRESS (If rural, give location) 0740		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital				d. STREET ADDRESS (If rural, give location) 0740				
3. NAME OF DECEASED (Type or Print) a. (First) Amelia b. (Middle) E. c. (Last) Meyer			4. DATE OF DEATH (Month) (Day) (Year) 11-7-1950					
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 7-2-1923		9. AGE (In years last birthday) 27	10. MONTHS 4	11. DAYS 9	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Reg nurse		10b. KIND OF BUSINESS OR INDUSTRY nursing		11. BIRTHPLACE (State or foreign country) Helix mo		12. CITIZEN OF WHAT COUNTRY? us		
13a. FATHER'S NAME John S. Meyer			13b. MOTHER'S MAIDEN NAME Anna C. Eukholt		14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs Anna Meyer Helix mo ADDRESS Helix mo				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic pyelonephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO Chronic Hypertension DUE TO Secondary anemia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anemia					INTERVAL BETWEEN ONSET AND DEATH 3 2 2	
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) Helix mo				
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 July 25, 1950 to 10/7, 1950 that I last saw the deceased alive on 10/7, 1950 and that death occurred at 6:30 pm from the causes and on the date stated above.								
23a. SIGNATURE S. J. Byars M.D. (Degree or title)				23b. ADDRESS Marysville mo		23c. DATE SIGNED 11/8/50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-8-50		24c. NAME OF CEMETERY OR CREMATORY St. Columba		24d. LOCATION (City, town, or county) (State) Helix mo		
DATE REC'D BY LOCAL REG. 11-11-50		REGISTRAR'S SIGNATURE E. Eukholt		25. FUNERAL DIRECTOR'S SIGNATURE Roddis & Phillips		ADDRESS Helix mo		

(Licensed Embalmer's Statement on Reverse Side)

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

742

DEC 16 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 Latoya A. Phillips
Licensed Embalmer No. 1898
P. O. Address Stony 140

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.