

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37830

FILED DEC 13 1950

State File No. ....

0700

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 4346 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Montgomery</u>	
b. CITY OR TOWN <u>Montgomery City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS <u>4 north of Wellsville Mo</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carnest</u> b. (Middle) <u>Lester</u> c. (Last) <u>Meyer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-1-50</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>June 27-1896</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	9. AGE (In years last birthday) <u>54</u> 10. UNDER 1 YEAR <u>5</u> 11. UNDER 12 HRS. <u>3</u>
11. BIRTHPLACE (State or foreign country) <u>Montgomery Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>August Meyer</u>		13b. MOTHER'S MAIDEN NAME <u>Leona Carr</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <u>No</u> (If yes, give year or dates of service)	
16. SOCIAL SECURITY NO. <u>←</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Pearl Arens Montgomery city</u> ADDRESS	
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>Coronary Occlusion</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive Cardio-Vascularis</u> 5 years DUE TO (c) <u>Chronic hepatitis &amp; Edema</u> 5 years II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Hemorrhage &amp; Paralysis</u> 1 year INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>no</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>5927</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>10-10</u> , 19 <u>48</u> , to <u>12-1</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11-30</u> , 19 <u>50</u> , and that death occurred at <u>4:00</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>E. T. Andersen, M.D.</u>		23b. ADDRESS <u>Montgomery City, Mo</u>	
23c. DATE SIGNED <u>12/1/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>12/10/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wellsville City</u>	
24d. LOCATION (City, town, or county) (State) <u>Wellsville Mo</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>A. B. Halls</u> ADDRESS <u>Wellsville Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-4-50</u>		REGISTRAR'S SIGNATURE <u>Bernice E. Wyatt</u>	

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

DEC 13 1950

RECEIVED

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 *A. B. Wells*

Signed.....  
Student Embalmer

Licensed Embalmer No. *1588*

P. O. Address *Wellsville 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.