

FILED DEC 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40195

State File No.

290
1

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

BIRTH NO. _____		REG. DIST. NO. <u>84</u>		PRIMARY REG. DIST. NO. <u>5320</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bunceton, Kelly Twsp.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bunceton, Palestine Twsp</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>				d. STREET ADDRESS (If rural, give location) <u>Rural near Bunceton Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louise</u>			b. (Middle) <u>Meyers</u>		c. (Last) <u>Roehrs</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 20 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 21st 1868</u>	9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months Days
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>St. Charles, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>John Conrad Meyer</u>			13b. MOTHER'S MAIDEN NAME <u>Louise Buschdicker</u>		14. NAME OF HUSBAND OR WIFE <u>Fred Roehrs.</u>		
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Arthur Brandes, Bunceton, Missouri</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>Dehydration and electrolyte loss</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Emesis (? etiology)</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility and general debility</u>					7880
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) _____			
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>Sept</u> , 19 <u>50</u> , to <u>Dec</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec 19</u> , 19 <u>50</u> , and that death occurred at <u>10 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. G. Paine, M.D.</u>				23b. ADDRESS <u>Boonville, Mo</u>		23c. DATE SIGNED <u>12/21/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>December 22/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lone Elm</u>		24d. LOCATION (City, town, or county) (State) <u>Cooper County, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>22-12-1950</u>		REGISTRAR'S SIGNATURE <u>Hellie Thullett</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Goodman & Boller, Boonville, Missouri.</u>			

RECEIVED

12/28/50

DISTRICT HEALTH OFFICE No. 1

District File Number

Date Filed 12/28/50

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 Student Embalmer

Signed

J. W. Goodman

Licensed Embalmer No. 1178

P. O. Address Rossville, Ga.

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.