No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41393

BIRTH NO. _____ REG. DIST. NO. 180 PRIMARY REG. DIST. NO. 5673 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Monroe Township
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 mile s.w. of Winfield

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lincoln 0570
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Monroe Township 1 0
d. STREET ADDRESS (If rural, give location): 3 mile s.w. of Winfield

3. NAME OF DECEASED (Type or Print): a. (First) Emilie b. (Middle) Marie c. (Last) Meier
4. DATE OF DEATH (Month) (Day) (Year): Dec.13,1950
5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 22 Sept.1875
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Herman Dickbernd
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Leo Meier
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Leo Meier — ADDRESS: Old Monroe, Mo. RFD

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis & Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____ 4322

II. OTHER SIGNIFICANT CONDITIONS: Bronchopneumonia — 2 days.

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 11, 1950, *to* Dec. 13, 1950, *that I last saw the deceased alive on* Dec 12, 1950, *and that death occurred at* 7:05 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: John L. Kreeger (Degree or title) MD
23b. ADDRESS: Old Monroe, Mo.
23c. DATE SIGNED: 15 Dec. 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec.16,1950
24c. NAME OF CEMETERY OR CREMATORY: St.Paul's E&R Cem.
24d. LOCATION (City, town, or county) (State): Old Monroe, Mo.

DATE REC'D BY LOCAL REG.: Dec.23-1950
REGISTRAR'S SIGNATURE: Emma B. Riddle (62)
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
ADDRESS: Elsberry, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DEC 26 1950
DISTRICT HEALTH OFFICE No. 4
File No. .....

DEC 14 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 [illegible signature]

Licensed Embalmer No. 4012

P. O. Address Elsberry, 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.