

FILED APR 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9015

0445

REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 154

1. PLACE OF DEATH
a. COUNTY Jasper

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Jasper

b. CITY (If outside corporate limits, write RURAL and give township) Joplin c. LENGTH OF STAY (in this place) 55 yrs

c. CITY (If outside corporate limits, write RURAL and give township) Joplin 0495

d. FULL NAME OF HOSPITAL OR INSTITUTION 626 Picher

d. STREET ADDRESS (If rural, give location) 626 Picher

3. NAME OF DECEASED
a. (First) William b. (Middle) c. (Last) Meyer

4. DATE OF DEATH (Month) (Day) (Year) March 23 1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH July 27, 1864 9. AGE (In years last birthday) 86

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) accountant

10b. KIND OF BUSINESS OR INDUSTRY accountant

11. BIRTHPLACE (State or foreign country) Witzenhausen, Germany 4

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Johann Meyer

13b. MOTHER'S MAIDEN NAME Amelia Rautenberg

14. NAME OF HUSBAND OR WIFE Minnie Meyer

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 ADDRESS Karl Meyer 626 Picher St., Joplin

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Arteriosclerosis*

INTERVAL BETWEEN ONSET AND DEATH *Unknown*

ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, assthenia, etc. "It" means the disease, injury, or complication which caused death.

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

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4500

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)

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 2-21, 1951, to 3-23, 1951, that I last saw the deceased alive on 3-17, 1951, and that death occurred at 6:50 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) *W. P. O.*

23b. ADDRESS Joplin, Mo.

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3-26-51

24c. NAME OF CEMETERY OR CREMATORY Mount Hope

24d. LOCATION (City, town, or county) (State) Webb City, Missouri

DATE REC'D BY LOCAL REG. 3-28-51

REGISTRAR'S SIGNATURE *James N. B. Parker*

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Steve Parker Mortuary, Joplin, Mo.

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

RECEIVED 4-2-51
Jasper County Health Office

County File Number 51/3/269

Date Filed 4-2-51

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 *F. M. Jones*

Licensed Embalmer No. 2319

P. O. Address *Joplin 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.