

FILED APR 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9542

State File No. ....

BIRTH NO. .... REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>	c. LENGTH OF STAY (In this place) <u>3 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u> <u>0804</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>429 E. St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>429 E. St. Louis</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>KATHERINE</u> c. (Last) <u>MEIER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 30, 1951</u>		
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5. SEX <u>Fe /</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 7, 1886</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Month	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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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		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY?	
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13a. FATHER'S NAME <u>Peter Michealis</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>John Jacob Chas Meier</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Irene Josephine Meier, Sedalia, Mo</u>		ADDRESS	
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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) <u>Chronic myocarditis</u> ANTECEDENT CAUSES <u>Chronic Fratty myocardial degeneration</u> Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (b) <u>2 1/2 yrs.</u> DUE TO (c) <u>2 3/4 yrs.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs.</u> <u>2 3/4 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) <u>4220</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from July, 1948, to mar. 30, 1951, that I last saw the deceased alive on 28 mar, 1951, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. E. Best, M.D.</u>		23b. ADDRESS <u>Sedalia Mo.</u>		23c. DATE SIGNED <u>mar. 31-1951</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 2 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak</u>	24d. LOCATION (City, town, or county) (State) <u>Windsor, Missouri</u>		
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DATE REC'D BY LOCAL REG. <u>4/2/51</u>	REGISTRAR'S SIGNATURE <u>W. E. Campbell</u>	FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Campbell</u>	ADDRESS <u>Sedalia, Mo</u>		
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
GILLESPIE FUNERAL HOME

0804

RECEIVED 4-9-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 4-9-51

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

**D. W. HECKART**

**GILLESPIE FUNERAL HOME**

**SEDALIA, MISSOURI**

Signed.....  
Student Embalmer

*DW Heckart*

Licensed Embalmer No. 3470

P. O. Address Sedalia, 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.