

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17202

State File No. \_\_\_\_\_  
Registrar's No. 19

FILED MAY 17 1951

S. No. 300  
v. 10.48

570  
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 179		PRIMARY REG. DIST. NO. 4287		State File No. _____		Registrar's No. 19								
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).											
a. COUNTY Lincoln		b. CITY (If outside corporate limits, write RURAL and give township) Troy			a. STATE Missouri		b. COUNTY Lincoln									
c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) Troy			c. CITY (If outside corporate limits, write RURAL and give township) Troy		6570									
d. FULL NAME OF HOSPITAL OR INSTITUTION					d. STREET ADDRESS (If rural, give location) 0											
3. NAME OF DECEASED (Type or Print)			a. (First) Forest		b. (Middle) Alton		c. (Last) Meyers		4. DATE OF DEATH (Month) (Day) (Year) April 30, 1951							
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH August 11, 1891		9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months Days Hours Min.						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY General			11. BIRTHPLACE (State or foreign country) Moscow Mills, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME Joseph Thomas Meyers				13b. MOTHER'S MAIDEN NAME Georgia Lee Witcher				14. NAME OF HUSBAND OR WIFE Dorthea Beherens Meyers								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO. MO			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dorthea B. Meyers Troy, Missouri.										
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))					MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH						
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coroio - Renal - Vascular</u></p> <p>ANTECEDENT CAUSES</p> <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>					II. OTHER SIGNIFICANT CONDITIONS					Interval between onset and death Days						
					19a. DATE OF OPERATION					19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)			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 _____ 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:30 P m., from the causes and on the date stated above.																
23a. SIGNATURE (Degree or title) <i>Shelley R. Riddle</i>					23b. ADDRESS Troy MO				23c. DATE SIGNED 5/2/51							
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/2/51		24c. NAME OF CEMETERY OR CREMATORY Troy Cemetery		24d. LOCATION (City, town, or county) (State) Troy Missouri										
DATE REC'D BY LOCAL REG. May 18 1951		REGISTRAR'S SIGNATURE Emma B. Riddle			162		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kemper Funeral Home Troy, Missouri.									

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

MAY 15 1951

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 \_\_\_\_\_

*Joseph J. Marsh*  
Licensed Embalmer No. 3932

Signed \_\_\_\_\_  
Student Embalmer

P. O. Address Troy, Missouri.

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.