No. 300
10.48

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

FILED JUL 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23789

BIRTH NO. _____ REG. DIST. NO. 221 PRIMARY REG. DIST. NO. 4331 ~~5793~~ Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY: MONITEAU
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JAMESTOWN, MO.
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):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MONITEAU
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JAMESTOWN 0680
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print): a. (First) CARL b. (Middle) G. c. (Last) MEYER
4. DATE OF DEATH (Month) (Day) (Year): JULY 15, 1951
5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: May 3, 1877
9. AGE (In years last birthday): 74 | 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): Druggist
10b. KIND OF BUSINESS OR INDUSTRY: Retail Drug
11. BIRTHPLACE (State or foreign country): Moniteau, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Jacob C. Meyer
13b. MOTHER'S MAIDEN NAME: Angeline Carroll
14. NAME OF HUSBAND OR WIFE: Delphia Meyer
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.:
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mrs. Delphia Meyer, Jamestown, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Generalized arterio-sclerosis — 5 years
DUE TO (c)

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: 331X
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* 2-20, 1957, *to* 7-15, 1957, *that I last saw the deceased alive on* July 15, 1957, *and that death occurred at* 24 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Kenyon Latham 0 (Degree or title) MD
23b. ADDRESS: California, Mo
23c. DATE SIGNED: 7-16-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: July 17, 1951
24c. NAME OF CEMETERY OR CREMATORY: Concord Cemetry
24d. LOCATION (City, town, or county) (State): Jamestown, Moniteau, Mo.

DATE REC'D BY LOCAL REG. July 18 1951
REGISTRAR'S SIGNATURE: Gada M Snow 0 149
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: WILLIAMS FUNERAL HOME, CALIFORNIA, MO.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-20-51
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 7-20-51

OCT 2 1951

AUG 10 19

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 W. G. Friedmann

Signed
Student Embalmer

Licensed Embalmer No. 2854

P. O. Address California 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.