

S. No. 300  
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr. Wakeman  
State File No. 29999  
837

DECEASED 8 1951  
BIRTH NO.

REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No.

396  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION 823 E. Grand		d. STREET ADDRESS (If rural, give location) 823 E. Grand	

3. NAME OF DECEASED (Type or Print)	a. (First) Albert	b. (Middle) Christian	c. (Last) Meier	4. DATE OF DEATH (Month) (Day) (Year) Sept. 30. 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 30 1886	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner, Lavender Cleaners	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Jefferson City, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Meier	13b. MOTHER'S MAIDEN NAME Mary Ann Cook	14. NAME OF HUSBAND OR WIFE Stella Meier
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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) No	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mrs. Stella Meier	ADDRESS Spfld, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Insufficiency		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Hemorrhage gastric mesenteric & esophageal Secondary to II. OTHER SIGNIFICANT-CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 150X		

19a. DATE OF OPERATION Nov 1950	19b. MAJOR FINDINGS OF OPERATION Carcinoma Esophage - Gastrostomy and feeding stomach tube inserted	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3:30 PM	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 Oct, 1950, to Sept 30, 1951, that I last saw the deceased Give on Sept 30, 1951, and that death occurred at 1:10 PM, from the causes and on the date stated above.

23a. SIGNATURE Newton Wakeman M.D.	(Degree or title)	23b. ADDRESS Springfield Mo.	23c. DATE SIGNED Oct. 1, 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/2/51	24c. NAME OF CEMETERY OR CREMATORY Maple Park	24d. LOCATION (City, town, or county) (State) Springfield, Mo.
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DATE REC'D BY LOCAL REG. 10-3-51	REGISTRAR'S SIGNATURE W. E. Handley M.D.	25. FUNERAL DIRECTOR'S SIGNATURE H. H. Lohmeyer	ADDRESS Springfield, Mo.
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**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 Walter J. Swadlow  
\_\_\_\_\_

Licensed Embalmer No. 4815  
\_\_\_\_\_

P. O. Address Springfield  
\_\_\_\_\_

**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.**