

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30702

State File No.

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5643 Registrar's No. 66

0540

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

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL FREEDOM</u>	c. LENGTH OF STAY (in this place) <u>21 YRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL FREEDOM TWP</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>9 MI. WEST + SOUTH OF CONCORDIA, MO</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>H</u> c. (Last) <u>MEINERKA</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 30 1951</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>AUG 25 1860</u>	9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work and during most of working life, even if retired) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <u>CONCORDIA, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>HENRY MEINERKA</u>		13b. MOTHER'S MAIDEN NAME <u>MATTY COODES</u>		14. NAME OF HUSBAND OR WIFE <u>MATTIE MEINERKA DECKNER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CARL H. MEINERKA CONCORDIA, MO</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured hip & hypostatic pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>903.0 20</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>054</u>	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 June 18, 1931, to Sept 29, 1951, that I last saw the deceased alive on June 30, 1951, and that death occurred at 5:45 PM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>T. Beckman M.D.</u>		23b. ADDRESS <u>WARREN BURG, MO</u>		23c. DATE SIGNED <u>Sept 30, 1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>OCT 1, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HIGHLAND PARK</u>	24d. LOCATION (City, town, or county) (State) <u>PITTSBURG KANSAS</u>	
DATE REC'D BY LOCAL REG. <u>Sept 30-1951</u>	REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>	154	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. S. Johnson Concordia, Mo</u>	

RECEIVED 10-10-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10-10-51 _____

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 me

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed E. J. James

Licensed Embalmer No. 2058

P. O. Address Conradia, 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.