

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30703

State File No.

FILED OCT 3 1951

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4273 Registrar's No. 64

1. PLACE OF DEATH CONCORDIA
a. COUNTY LAFAYETTE
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CONCORDIA
c. LENGTH OF STAY (in this place)
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY LAFAYETTE
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CONCORDIA
d. STREET ADDRESS (If rural, give location) 203 BISMARCK

3. NAME OF DECEASED (Type or Print) a. (First) MARTIN b. (Middle) FREDRICH c. (Last) MEYER 4. DATE OF DEATH (Month) (Day) (Year) Sept. 24 1951

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 1 8. DATE OF BIRTH Sept 6 - 1877 9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months 0 Days 18 IF UNDER 24 HRS. Hours 0 Min. 18

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER 10b. KIND OF BUSINESS OR INDUSTRY FARMER 11. BIRTHPLACE (State or foreign country) CONCORDIA MO 12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME CORD MEYER 13b. MOTHER'S MAIDEN NAME KATHERY REIGHT 14. NAME OF HUSBAND OR WIFE LAURA HARMS MEYER

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 ADDRESS ROBERT MEYER CONCORDIA MO

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS WITH MYOCARDIAL INFARCTION
ANTECEDENT CAUSES DUE TO (b) CORONARY ATHEROSCLEROSIS
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 2 min
SEVERAL YRS.
4201

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 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) (Min.) 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 Apr 25, 1950 to Sept. 24, 1951, that I last saw the deceased alive on Sept. 21, 1951, and that death occurred at 11:45 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. Sprady, M.D. 23b. ADDRESS Concordia, Mo. 23c. DATE SIGNED 9/25/51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE Sept 27 - 1951 24c. NAME OF CEMETERY OR CREMATORY, ST. PAUL'S CEMETERY 24d. LOCATION (City, town, or county) (State) CONCORDIA MO

DATE REC'D BY LOCAL REG. Sept. 26 - 1951 REGISTRAR'S SIGNATURE Clayton H. Landrum 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. D. James Concordia Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10-2-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10-2-51

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Sweet Springs, 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.