

FILED OCT 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32539

BIRTH NO. _____ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 5106 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY Benton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Benton	
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural Cole Township		c. CITY (If outside corporate limits, write RURAL and give township) Rural Cole Township	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) 12 Miles South of Cole Camp	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 12 Miles Sputh of Cole Camp			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Ermane c. (Last) Meyer			4. DATE OF DEATH (Month) (Day) (Year) Oct 20 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Aug 22nd 1862	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Herman Meyer	13b. MOTHER'S MAIDEN NAME Arna Otten	14. NAME OF HUSBAND OR WIFE Matie Meyer
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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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs William Kullman ADDRESS Cole Camp 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolus		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essencial Hypertension DUE TO (c) Hypostatic Pneumonia		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Benton, Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	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 **7-25**, 1951, to **10-20**, 1951, that I last saw the deceased alive on **10-18**, 1951, and that death occurred at **7:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE G. W. Ireland, D.D. (Degree or title)	23b. ADDRESS Cole Camp, Mo	23c. DATE SIGNED 10-22-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 23rd 1951	24c. NAME OF CEMETERY OR CREMATORY Mt Hulda	24d. LOCATION (City, town, or county) (State) Benton County Mo
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DATE REC'D BY LOCAL REG. Oct 22, 1951	REGISTRAR'S SIGNATURE E L Eickhoff	25. FUNERAL DIRECTOR'S SIGNATURE E L Eickhoff ADDRESS Cole Camp Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED OCT 29 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed OCT 29 1951

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 E. L. Eickhoff

Licensed Embalmer No. _____730

P. O. Address _____ Cole Camp 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.