

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 34187

FILED OCT 24 1951

BIRTH NO. 109994-57 REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 3034 Registrar's No. 68

1541

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

1. PLACE OF DEATH a. COUNTY <b>LAFAYETTE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>LAFAYETTE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>HIGGINSVILLE</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL FREEDOM TWP</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HIGGINSVILLE CLINIC</b>		d. STREET ADDRESS (If rural, give location) <b>2 MI WEST OF CONCORDIA, MO</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>STEWART</b> b. (Middle) <b>HOBART</b> c. (Last) <b>MEYER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>OCT 5 1951</b>
5. SEX <b>0</b> <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>OCT. 5. 1951</b>
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months   Days	IF UNDER 18 Hrs. Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	11. BIRTHPLACE (State or foreign country) <b>HIGGINSVILLE MO</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>HOBERT MEYER</b>	
13b. MOTHER'S MAIDEN NAME <b>ESTER ALICE WIENBERG</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>HOBERT MEYER</b> ADDRESS <b>CONCORDIA, MO</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)		<b>Atelectasis</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Prematurity</b> DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>None</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>7625</b>	
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)	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 <b>5 Oct.</b> , 1951, to <b>5 Oct.</b> , 1951, that I last saw the deceased alive on <b>5 Oct.</b> , 1951, and that death occurred at <b>5:00</b> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Robert P. Burk</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Higginsville, Mo.</b>	23c. DATE SIGNED <b>10/5/51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>OCT 6, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ST. PAULS</b>	24d. LOCATION (City, town, or county) (State) <b>CONCORDIA MO</b>
DATE REC'D BY LOCAL REG. <b>OCT 8-1951</b>	REGISTRAR'S SIGNATURE <b>Clayton St. Landrum</b>	154	25. FUNERAL DIRECTOR'S SIGNATURE <b>E. S. Jones</b> ADDRESS <b>Concordia, Mo</b>

EMBALMED OCT 23 1951  
DISTRICT HEALTH OFFICE No. 3  
District No. \_\_\_\_\_  
Date Filed OCT 23 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 \_\_\_\_\_

*Not Embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *E. L. James*

Licensed Embalmer No. 20558

P. O. Address *Concordia 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.