

FILED OCT 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34356**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **325**

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

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <b>Marion</b>	b. CITY (If outside corporate limits, write RURAL and give township) <b>Hannibal</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Marion</b>
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Hannibal</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence 205 South Eighth</b>		d. STREET ADDRESS (If rural, give location) <b>205 South Eighth</b>	

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>	
a. (First) <b>Frederick</b>	b. (Middle) <b>Frank</b>	c. (Last) <b>Meyer</b>	(Month) <b>October</b>	(Day) (Year) <b>7, 1951</b>
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>August 9, 1871</b>	<b>9. AGE</b> (In years last birthday) <b>80</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Conductor</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Retired C.B. &amp; Q.</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Ralls County Missouri</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U S A</b>

<b>13a. FATHER'S NAME</b> <b>Fred Meyer</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Louisa Emma Steckler</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Sophia Barrett Meyer</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>XX</b>	<b>16. SOCIAL SECURITY NO.</b> <b>XX</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Frederick F. Meyer</b>
		<b>ADDRESS</b> <b>Hannibal Missouri</b>

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>About</b>  <b>1 month</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Hemiplegia</b>		
	<b>ANTECEDENT CAUSES</b> <b>Age</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> <b>DUE TO (b)</b> <b>DUE TO (c)</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>352X</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from 8/30, 1951, to 10/7, 1951, that I last saw the deceased alive on 10/7, 1951, and that death occurred at 6:20 Pm., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>[Signature]</i>	<b>23b. ADDRESS</b> <b>500 Broadway, Hannibal, Mo.</b>	<b>23c. DATE SIGNED</b> <b>10/9/51</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>10/9/1951</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Mount Olivet</b>
		<b>24d. LOCATION</b> (City, town, or county) (State) <b>Hannibal Missouri</b>

<b>DATE REC'D BY LOCAL REG.</b> <b>10-12-51</b>	<b>REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>[Signature]</i>	<b>ADDRESS</b> <b>Hannibal Missouri</b>
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(Licensed Embellisher's Statement on Reverse Side)

RECEIVED OCT 17 1951  
MARION CO. HEALTH DEPT.  
DATE FILED OCT 18 1951

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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 \_\_\_\_\_

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed H. Crawford Smith.....

Licensed Embalmer No. 7614.....

P. O. Address Hannibal Missouri.....

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.