

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. **1201-52** REG. DIST. NO. **119** PRIMARY REG. DIST. NO. **4193** Registrar's No. **8**

371
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WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Gasconade				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Gasconade			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hermann		c. LENGTH OF STAY (In this place) 4 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hermann		0371	
d. FULL NAME OF HOSPITAL OR INSTITUTION Workman Hospital				d. STREET ADDRESS (If rural, give location) Workman Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Jeneil		b. (Middle) Irene		c. (Last) Meyer		4. DATE OF DEATH (Month) (Day) (Year) 1 18 1952	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH 1-14-52	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri, Mo.		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Raymond Meyer			13b. MOTHER'S MAIDEN NAME Alice Bohl			14. NAME OF HUSBAND OR WIFE	
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 Raymond Meyer Hermann, Mo. RFD			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral anoxia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Physiological cerebral trauma DUE TO (c) Prematurity - 3# 7oz. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7605				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 1-14 , 19 52 , to 1-18 , 19 52 , that I last saw the deceased alive on 1-18 , 19 52 , and that death occurred at 8:30A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Cavel T. Shaw M.D.				23b. ADDRESS Hermann, Mo.		23c. DATE SIGNED 1-18-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-19-52		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Hermann Mo.	
DATE REC'D BY LOCAL REG. 1-18-52		REGISTRAR'S SIGNATURE Ch. Mundville		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Neigost Hermann, Mo.			

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 _____

Hugo H. Plummer

Signed.....
Student Embalmer

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.