

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. 2471
Registrar's No. 2

No. 300
10.48

1930

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

FILED FEB 13 1952

BIRTH NO. _____		REG. DIST. NO. <u>814</u>		PRIMARY REG. DIST. NO. <u>4458</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Collins</u>			c. LENGTH OF STAY (In this place) <u>51 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Collins</u>			<u>0930</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED a. (First) <u>Walter</u>			b. (Middle) <u>E. Meyers</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>1/12/1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mar. 30, 1878</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Barnard Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Charles Meyers</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Cash</u>		14. NAME OF HUSBAND OR WIFE <u>Frankie Meyers</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>		16. SOCIAL SECURITY (If yes, give war or dates of service) <u>500-10-6583</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frankie Meyers, Collins Mo.</u>		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		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 <u>4-16</u> , 19 <u>50</u> , to <u>1-12</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1-13</u> , 19 <u>52</u> , and that death occurred at <u>4 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. E. D. Brown, D.O.</u>				23b. ADDRESS <u>Collins Missouri</u>		23c. DATE SIGNED <u>1-14-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-14-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Inglewood</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton MO</u>		
DATE REC'D BY LOCAL REG. <u>1-14-52</u>		REGISTRAR'S SIGNATURE <u>Ruth Beavers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Sudduth</u>		ADDRESS <u>Orcutt Mo</u>	

100-1000

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 J. B. Goodrich

Licensed Embalmer No. 3038

P. O. Address Asheville N.C.

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.