

STANDARD CERTIFICATE OF DEATH

3425 State File No. 4549

FILED MAR 15 1952

BIRTH NO. _____ REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 4787 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL BOEVE		c. CITY (If outside corporate limits, write RURAL and give township) RURAL BOEVE 1360	
c. LENGTH OF STAY (In this place) 3 yrs		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) CLARA b. (Middle) _____ c. (Last) MEYER		4. DATE OF DEATH (Month) (Day) (Year) MAR 9 1952	
5. SEX FEMALE	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH FEB 14-1869
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) Months Days Hours Mins. 83 24
11. BIRTHPLACE (State or foreign country) WASHINGTON Mo			12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME JOHN NOELKER		13b. MOTHER'S MAIDEN NAME MARY MICHEL		14. NAME OF HUSBAND OR WIFE HENRY MEYER	
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 Lucent Meyer New Haven Mo	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia lobular		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 week	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Myocarditis & Congestive heart failure		DUE TO (c)		DUE TO (b) 2 years	
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 no 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) 4222	
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 **12/4, 1948**, to **3/9, 1952** that I last saw the deceased alive on **3/9, 1952**, and that death occurred at **6 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
B. P. Eisenmann M.D.

23b. ADDRESS
New Haven, Mo.

23c. DATE SIGNED
3/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify)
burial

24b. DATE
3-12-52

24c. NAME OF CEMETERY OR CREMATORY
Leachholer Cem.

24d. LOCATION (City, town, or county) (State)
New Haven Mo

DATE REC'D BY LOCAL REG.
Mar 14 1952

REGISTRAR'S SIGNATURE
Jeffie Hammenau

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
L. L. Pestig, Son New Haven Mo

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

360
1

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

Earl Fertig

Licensed Embalmer No. *3385*

P. O. Address *Greenboro 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.