

FILED MAR 4 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5602

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 5644 Registrar's No. 19

54  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL LEXINGTON TWP</u>		c. LENGTH OF STAY (In this place) <u>6 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL FREEDOM TWP</u>		d. STREET ADDRESS (If rural, give location) <u>3 MI. SOUTH CONCORDIA, MO</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GOODLOW HOME</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>HERMAN</u> c. (Last) <u>MEYER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 21 1952</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>UNMARRIED</u>	8. DATE OF BIRTH <u>DEC 4, 1874</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>17</u>
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 <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>CONCORDIA, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>JUREN MEYER</u>		13b. MOTHER'S MAIDEN NAME <u>MARY KACHEY</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>WM J. MEYER</u> ADDRESS <u>CONCORDIA, MO</u>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Arteriosclerosis Heart disease</u> <u>Years</u>				
	DUE TO (c) <u>Cirrhosis of Liver</u> <u>Years</u>				
	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 <u>4200</u>				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) 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 <u>March 19, 1950</u> to <u>Feb 21, 1952</u> , that I last saw the deceased alive on <u>Feb 18, 1952</u> , and that death occurred at <u>6: P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>W. K. Koppensund, M.D.</u>			23b. ADDRESS <u>Staggville, Mo.</u>		23c. DATE SIGNED <u>Feb 21-1952</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB 22 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>METHODIST CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>CONCORDIA, MO</u>		
DATE REC'D BY LOCAL REG. <u>2-28-52</u>	REGISTRAR'S SIGNATURE <u>M. E. Stastek</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. S. James</u> ADDRESS <u>Concordia, Mo</u>		

**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. S. Jones*

Licensed Embalmer No. *2058*

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.