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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Allen 7068  
State File No. ....

LED MAR 4 1952  
BIRTH NO. 59052 REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u> <u>1082</u>	
c. LENGTH OF STAY (in this place) <u>5 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>401 E. Cherry</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Roxanne</u>	b. (Middle) <u>Joy</u>	c. (Last) <u>Meyers</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 24 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>August 15, 1951</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 1 YEAR Days <u>9</u>	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Nevada, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Warren Meyers</u>	13b. MOTHER'S MAIDEN NAME <u>Clara Anderson</u>	14. NAME OF HUSBAND OR WIFE
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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>Warren Meyers</u>	ADDRESS <u>Nevada, Mo.</u>
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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, ashenic, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Influenza Broncho trachealitis</u>		
	ANTECEDENT CAUSES As forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from FEB 22, 1952 to FEB 24, 1952, that I last saw the deceased alive on FEB 24, 1952, and that death occurred at 11:00 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>Nevada, Mo</u>	23c. DATE SIGNED <u>2-25-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2/27/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Lawn Memorial Park County East</u>	24d. LOCATION (City, town, or county) (State) <u>Illinois</u>
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DATE REC'D BY LOCAL REG. <u>2-29-52</u>	REGISTRAR'S SIGNATURE <u>Anna E. Furry</u> 451	25. FUNERAL DIRECTOR'S SIGNATURE <u>Eichinger Funeral Home</u>	ADDRESS <u>Nevada, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address Nevada, 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.