

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11876

State File No.

FILED MAY 12 1952

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 171

1. PLACE OF DEATH a. COUNTY <u>Adair</u>			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lamine</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Franksville</u>		c. LENGTH OF STAY (in this place) <u>6 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Newark</u>		0560 1
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Nursing Home</u>			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>G.</u> c. (Last) <u>Meyers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 2 1952</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>11-14-1874</u>		9. AGE (In years last birthday) <u>77</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	11. BIRTHPLACE (State or foreign country) <u>Newark Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Lewis W. Meyers</u>		13b. MOTHER'S MAIDEN NAME <u>Hall Winger</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Louise W. Meyers LABELLE, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) <u>Arterial hypertension</u>				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypostatic Pneumonia</u>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>33IX</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 4-28, 1952 to 5-2-52, that I last saw the deceased alive on May 2, 1952, and that death occurred at 3:00 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>David W. Bruce M.D.</u>		23b. ADDRESS <u>Franksville, Mo.</u>		23c. DATE SIGNED <u>May 2-52</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/4/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newark Cemetery, Newark, Mo.</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>5-2-52</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert 1-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter J. LaBelle, Mo</u>	

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

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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 M. J. Kelly

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed [Signature]

Licensed Embalmer No. 4328

P. O. Address LaBelle, 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.