. No. 306
. 10.46

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

FILED AUG 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25352

State File No.

BIRTH NO. REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5-964 Registrar's No. 67

1. PLACE OF DEATH
a. COUNTY: Platte 0830
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Platte
c. LENGTH OF STAY (In this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7 Miles So. East of Platte City

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clay 0240
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Smithville Platte
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)
a. (First): Ray
b. (Middle):
c. (Last): Meier

4. DATE OF DEATH (Month) Aug. (Day) 4 (Year) 1952

5. SEX: Ma 0
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 21, 1896
9. AGE (In years last birthday): 56 — If under 1 year: Months 0, Days 14 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Veterinarian
10b. KIND OF BUSINESS OR INDUSTRY: Serum Laboratory
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: Usa.
13a. FATHER'S NAME: Ludwig Meier
13b. MOTHER'S MAIDEN NAME: Elizabeth Royce
14. NAME OF HUSBAND OR WIFE: Lula Lee Hill Meier
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 498-30-6974
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Lula Lee Meier — ADDRESS: Smithville, 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Degeneration

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-3, 1952, *to* 8-4, 1952, *that I last saw the deceased alive on* 8-3, 1952, *and that death occurred at* 11:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE E B Hobbs (Degree or title) MDO
23b. ADDRESS Smithville Mo
23c. DATE SIGNED 8-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-6-52
24c. NAME OF CEMETERY OR CREMATORY: Green Lawn Cemetery
24d. LOCATION (City, town, or county) (State): Plattsburg Missouri

DATE REC'D BY LOCAL REG.: 8-6-52
REGISTRAR'S SIGNATURE: Ophia Rollins
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: McComas Funeral Home Smithville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

AUG 21 1952

OCT 28 1952

AUG 29 1952

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 Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Smithville, 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.