

OCT 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35466**

BIRTH NO. _____		REG. DIST. NO. <u>160</u>		PRIMARY REG. DIST. NO. <u>3030</u>		Registrar's No. <u>76</u>	
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Festus, Mo.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Festus, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>05712</u> <u>521 North Adam St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home, 521 N. Adam St.</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>10/ 5/ 52</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maggie</u>		b. (Middle) <u>Elizabeth</u>		c. (Last) <u>Meyer</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 2, 1872</u>	
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>3</u> Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State of foreign country) <u>Rush Tower, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Gus Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy J. Medley</u>		14. NAME OF HUSBAND OR WIFE <u>Husband Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Meyer</u>		ADDRESS <u>Festus, 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>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiovascular disease</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u> <u>6 yrs</u> <u>6 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF 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) _____		4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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>8/7</u> , 19 <u>47</u> , to <u>10/5</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>10/5</u> , 19 <u>52</u> , and that death occurred at <u>7:00 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. Deen</u> (Degree or title)				23b. ADDRESS <u>Imperial Cemetery, Mo.</u>		23c. DATE SIGNED <u>10/6/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/8/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Imperial Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Imperial, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10/11/52</u>		REGISTRAR'S SIGNATURE <u>Gentry R. Polette</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James R. Cady</u>		ADDRESS <u>Crystal City, Mo.</u>	

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

DATE RECEIVED OCT 14 1952
HILLSBORO, MISSOURI
JEFFERSON COUNTY HEALTH DEPT.

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 James Richard Cadiz
Licensed Embalmer No. 4309
P. O. Address Crystal City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.