

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **41495**

No. 300  
10.48  
**JAN 6 - 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **31** PRIMARY REG. DIST. NO. **4040** Registrar's No. **36**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Benton</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Benton</b>	
b. CITY OR TOWN <b>Cole Camp</b>		c. CITY OR TOWN <b>Cole Camp</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Anna</b> b. (Middle) <b>M</b> c. (Last) <b>Meyer</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Dec. 30, 1952</b>		
<b>5. SEX</b> <b>F</b>	<b>6. COLOR OR RACE</b> <b>M</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> <b>married</b>	<b>8. DATE OF BIRTH</b> <b>Feb. 11, 1894</b>	<b>9. AGE</b> (In years last birthday) <b>58</b>	<b>10. IF UNDER 1 YEAR</b> Months <b>10</b> Days <b>19</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>House-wife</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Missouri</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>	

<b>13a. FATHER'S NAME</b> <b>Peter Brockman</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mertha Harms</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>William Meyer</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>none</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>William Meyer</b>	
				<b>ADDRESS</b> <b>Cole Camp, Mo.</b>	

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>19. INTERVAL BETWEEN ONSET AND DEATH</b> <b>2 days</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>malnutrition &amp; lung infection</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Carcinoma of stomach</b> DUE TO (b) _____ DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>751X</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from Sept 27, 1952, to Dec 30, 1952 that I last saw the deceased alive on Dec 29, 1952, and that death occurred at 1:00 A.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Harold P. Dickhoff</b>		<b>23b. ADDRESS</b> <b>Cole Camp, Mo.</b>		<b>23c. DATE SIGNED</b> <b>12/31/52</b>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>Jan 1, 1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Cole Camp Memorial</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Cole Camp Mo.</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>Dec 31st 1952</b>	<b>REGISTRAR'S SIGNATURE</b> <b>E. L. Eichhoff</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Harold P. Dickhoff</b>	<b>ADDRESS</b> <b>Cole Camp, Mo.</b>	

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

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MAY 24 1957

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 \_\_\_\_\_

*Harold Perry*

Licensed Embalmer No. *4097*

P. O. Address \_\_\_\_\_

*Cole Camp, 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.