

FILED DEC 31 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41890

State File No.

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5368 Registrar's No. 98

0310

0310

6

1. PLACE OF DEATH a. COUNTY <u>Daviess</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Daviess</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Salem Twn.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Salem Township</u>	
c. LENGTH OF STAY (in this place) <u>78 Yrs.</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>R.F.D.#2, McFall, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D.#2, McFall, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Edgar</u> c. (Last) <u>Meyer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-25-52</u>		
--	--	--	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11-27-1874</u>	9. AGE (In years last birthday) <u>78</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 24 HRS. Hours _____ Mins. _____
--------------------	-------------------------------	---	------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Owner of Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>McFall, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
--	--	--	--	---	--	--	--

13a. FATHER'S NAME <u>Henry Meyer</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Snyderling</u>		14. NAME OF HUSBAND OR WIFE <u>Ella A. (Fanning) Meyer</u>	
---------------------------------------	--	---	--	--	--

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>Ella A. Meyer, McFall, Mo.</u>		ADDRESS	
--	--	-------------------------------------	--	---	--	---------	--

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>Hodgkins Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u>	
		ANTECEDENT CAUSES Morbid 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 <u>201X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Dec 24, 1952 to Dec 24, 1952, that I last saw the deceased alive on Dec 24, 1952 and that death occurred at 1:05 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. J. Pray, D.O.</u>		23b. ADDRESS <u>Albany, Mo.</u>		23c. DATE SIGNED <u>12-26-52</u>	
--	--	---------------------------------	--	----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-27-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>McFall Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>McFall, Mo.</u>	
---	--	---------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. <u>12-29-52</u>		REGISTRAR'S SIGNATURE <u>Vigore M. Engelhardt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>William W. Pattonburg</u>		ADDRESS <u>Pattonburg, Mo.</u>	
--	--	---	--	---	--	--------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

2
0

MAR 20 1986

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 *Kevin Quast*

Licensed Embalmer No. 4096

P. O. Address Pattersonburg, 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.