

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2546

State File No. \_\_\_\_\_

LED JAN 15 1953

BIRTH NO. _____		REG. DIST. NO. <u>276</u>	PRIMARY REG. DIST. NO. <u>5947</u>	Registrar's No. <u>2</u>
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Okl.</u> b. COUNTY <u>Custer</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>St James - Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>		
c. LENGTH OF STAY (In this place) <u>2 1/2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>835th</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louanna</u> b. (Middle) <u>C.</u> c. (Last) <u>Meyers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 8, 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 3, 1875</u>	
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>High Gate, Mo.</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Pruitt</u>		13b. MOTHER'S MAIDEN NAME <u>Dorib Knaw</u>		14. NAME OF HUSBAND OR WIFE <u>Wm E. Meyers</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>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm E. Meyers - St James 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>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic nephritis - about 3 years</u> DUE TO (c) <u>592X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>0</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gastric ulcer about 1 1/2 months</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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>Oct 1, 1952</u> , to <u>Jan. 8, 1953</u> , that I last saw the deceased alive on <u>Jan. 7, 1953</u> , and that death occurred at <u>3:00 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>W. Hamner, M.D.</u>		23b. ADDRESS <u>St. James, Mo.</u>		23c. DATE SIGNED <u>1-9-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 12, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chapel Hill Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Clinton, Okla</u>				
DATE REC'D BY LOCAL REG. <u>1-9-53</u>		REGISTRAR'S SIGNATURE <u>Ruth B. Powell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Prof E. Lubliner - St James Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

County Health Officer,  
County File Number \_\_\_\_\_  
Date Filed 1-18-52

**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 \_\_\_\_\_

*ME*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Carl E. Licklick*

Licensed Embalmer No. 3546

P. O. Address 27 Gentry St

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.