

FILED FEB 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7016

BIRTH NO. _____		REG. DIST. NO. <u>260</u>		PRIMARY REG. DIST. NO. <u>5824</u>		Registrar's No. <u>1</u>		
1. PLACE OF DEATH a. COUNTY <u>OSAGE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>OSAGE</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FREEBURG Rural</u>		c. LENGTH OF STAY (in this place) <u>McAubrey</u> <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FREEBURG Rural</u>		d. STREET ADDRESS (If rural, give location) <u>Washington Twp. R. 2 0760</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeburg Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>Washington Twp. R. 2 0760</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u>			b. (Middle) <u>MEYER</u>		c. (Last) <u>MEYER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-14-53</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>Nov 9-1893</u>	9. AGE (In years last birthday) <u>79</u>	10. UNDER 1 YEAR Months <u>3</u> Days <u>5</u>	11. UNDER 100 Hrs. Hours <u>5</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SELF</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Westphalia Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>ADAM MEYER</u>			13b. MOTHER'S MAIDEN NAME <u>HUMMEL</u>		14. NAME OF HUSBAND OR WIFE <u>MARY HILKE 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>_____</u>		17. INFORMANT'S SIGNATURE OR NAME / ADDRESS <u>FRED MEYER - FREEBURG MO</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Coronary Thrombosis</u>				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				<u>Coronary Thrombosis</u>				
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. Morbidity 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. <u>4201</u>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:30 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Clyde Norton Coroner</u>				23b. ADDRESS <u>Lincoln Mo</u>		23c. DATE SIGNED <u>2/14/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2/16/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Koeltztown</u>		24d. LOCATION (City, town, or county) (State) <u>Koeltztown, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2/15/53</u>		REGISTRAR'S SIGNATURE <u>Mrs. H. H. Moore</u>		25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS <u>Sylvester Dulle J. C. Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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

Sylvester Dulle

Licensed Embalmer No. 4321

P. O. Address Jefferson City 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.