S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17515

FILED JUN 2 1953 BIRTH NO. REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4154 Registrar's No. 53-57

1. PLACE OF DEATH
a. COUNTY: Dade
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greenfield
c. LENGTH OF STAY (In this place): 7 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 406 Garrett St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dade
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greenfield 0290
d. STREET ADDRESS (If rural, give location): 406 Garrett St.

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Ellsworth
c. (Last): Meyers

4. DATE OF DEATH (Month) (Day) (Year): May 26, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 25, 1892
9. AGE (In years last birthday): 60
If under 1 year: Months 6, Days 1
If under 1 hr.: Hours -, Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cafe Owner
10b. KIND OF BUSINESS OR INDUSTRY: Cafe
11. BIRTHPLACE (City and State or Foreign Country): Dade Co. Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Fred C. Meyers
13b. MOTHER'S MAIDEN NAME: Kate Huffman
14. NAME OF ~~HUSBAND~~ OR WIFE: Edna Meyers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 500-01-6825
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Helen Scoggin; Greenfield, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial failure
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 1, 1953, *to* May 26, 1953, *that I last saw the deceased alive on* May 26, 1953 *and that death occurred at* 6:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. A. Cowan M.D.
23b. ADDRESS: Greenfield, Mo.
23c. DATE SIGNED: 5/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 31, 1953
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Greenfield
24d. LOCATION (City, town, or county) (State): Greenfield, Mo.

DATE REC'D BY LOCAL REG.: 5-29-53
REGISTRAR'S SIGNATURE: J. C. Canada 478
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: J. C. Canada, Greenfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield, 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.