

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21054**

FILED JUN 30 1953

BIRTH NO. _____		REG. DIST. NO. <u>72</u>		PRIMARY REG. DIST. NO. <u>5289</u>		Registrar's No. <u>43</u>	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Linden</u>		c. LENGTH OF STAY (in this place) <u>22 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Linden</u>		6000	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>Box 34</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Archiebald</u> b. (Middle) <u>Fredrick</u> c. (Last) <u>Meyer</u>			4. DATE OF DEATH <u>June 22 1953</u>		Month (Day) (Year)		
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>9 Sep. 1978</u>	
9. AGE (In years last birthday) <u>74</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hanible, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>J.F. Meyer</u>		13b. MOTHER'S MAIDEN NAME <u>Lyndie Kay Foss</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl A. 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>X X X 489-30-3644</u>		17. INFORMANT'S SIGNATURE OR NAME <u>G.A. Meyer Linden, 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, asphyxia, 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 DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>benign prostatic hypertrophy</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2d.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331X	
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>Jan 1953</u> , to <u>June 22, 1953</u> , that I last saw the deceased alive on <u>June 22, 1953</u> , and that death occurred at <u>4 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Halver L. Washburn MD</u> (Degree or title)				23b. ADDRESS <u>Gosland Mo</u>		23c. DATE SIGNED <u>6/23/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>24 June 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-23-53</u>		REGISTRAR'S SIGNATURE <u>Ruth N. Henry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Floral Hills Memorial Chapels K.C. Mo</u> ADDRESS _____			

(Licensed Emballer's Statement on Reverse Side)

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

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~~John H. P.~~
~~P. H. P.~~

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 *Lloyd C. McCarroll*

Licensed Embalmer No. *4853*

P. O. Address *K C No.*

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.