

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

28115

State File No. ....

FILED SEP 8 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>244</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Jefferson City</u> )		c. LENGTH OF STAY (in this place) <u>5</u> Hrs.		c. CITY OR TOWN <u>Mokane</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Railroad Street. 0240</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maynard</u>			b. (Middle) <u>George</u>		c. (Last) <u>Meyer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 30, 1953</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>Apr. 2, 1914</u>		9. AGE (In years last birthday) <u>39</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>H. F. Meyer</u>		13b. MOTHER'S MAIDEN NAME <u>Elsie Brethorst</u>		14. NAME OF HUSBAND OR WIFE <u>Nellie Merle Meyer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>722 01 5635</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Nellie M. Meyer</u> ADDRESS <u>Mokane 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>Skull fracture &amp; severe brain damage</u> ANTECEDENT CAUSES <u>Due to (b) crushing injury to head</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Crushing injury to head</u> DUE TO (c) <u>Traumatic shock.</u> II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>hr</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) <u>accident highway 502</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>02</u> (STATE) <u>Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 30 1953</u> m. <u></u>	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>?</u>					
22. I hereby certify that I attended the deceased from <u>Aug 30, 1953</u> to <u>Aug 30, 1953</u> that I last saw the deceased alive on <u>Aug 30, 1953</u> and that death occurred at <u>4:05 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Francis J. Meier M.D.</u> (Degree or title)				23b. ADDRESS <u>Jefferson City Mo.</u>		23c. DATE SIGNED <u>8/31/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 2/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bull Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Callaway County Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Aug 31-1953</u>		REGISTRAR'S SIGNATURE <u>R.P. Dorris MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Margaret F. ... Fulton Mo</u> ADDRESS			

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

SEP 8 1953

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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.....  
Signature of Student Embalmer

Signed *Wm. A. Stewart*.....

Licensed Embalmer No. *3722*

P. O. Address *Fullon 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.