

FILED NOV 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35247**

BIRTH NO. _____		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 324			
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Missouri b. COUNTY Cape Girardeau					
b. CITY OR TOWN Cape Girardeau		c. LENGTH OF STAY (In this place) 4 days		c. CITY OR TOWN Jackson Mo		0101			
d. FULL NAME OF HOSPITAL OR INSTITUTION S.E. Mo Hospital				d. STREET ADDRESS (If rural give location) 302 S. Missouri					
3. NAME OF DECEASED (Type or Print) a. (First) Louise			b. (Middle) _____		c. (Last) MEIER		4. DATE OF DEATH (Month) (Day) (Year) Nov 8 1953		
5. SEX Female		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb 17, 1884		9. AGE (In years last birthday) 69 Months 8 Days 21	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Illmo Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Wm Westerhold			13b. MOTHER'S MAIDEN NAME Wilemina Deamuir			14. NAME OF HUSBAND OR WIFE Henry Meier			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Elmer Ruckling Jackson 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, lobar						INTERVAL BETWEEN ONSET AND DEATH 3 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral thrombosis						2 yrs	
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
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) Jackson Mo					
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 Dec 1948 , to Nov 8, 1953 , that I last saw the deceased alive on Nov 8, 1953 , and that death occurred at 4:30 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) C.F. McDonald, M.D.				23b. ADDRESS Jackson, Mo.		23c. DATE SIGNED 11-9-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Nov 10 1953		24c. NAME OF CEMETERY OR CREMATORY Russell Heights		24d. LOCATION (City, town, or county) (State) Jackson Mo			
DATE REC'D BY LOCAL REG. 11-10-53		REGISTRAR'S SIGNATURE C. C. Summers		25. GENERAL DIRECTOR'S SIGNATURE McCombs		ADDRESS Jackson Mo			

(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

B. A. Meyer

Licensed Embalmer No. *3051*

P. O. Address *Jackson 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.