

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38131

State File No.

FILED NOV 25 1953

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 381

1. PLACE OF DEATH a. COUNTY <u>Osair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Shelbyville</u>	
c. LENGTH OF STAY (In this place)		1020	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin</u>		d. STREET ADDRESS (If rural, give location) <u>Gen. Del.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ruby</u> b. (Middle) <u>Virginia</u> c. (Last) <u>Meisner</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11 18 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>9-7-1908</u>	9. AGE (In years last birthday) <u>45</u> Months <u>2</u> Days <u>11</u>	IF UNDER 1 YEAR Hours <u></u> Min. <u></u>	IF UNDER 12 HRS. Hours <u></u> Min. <u></u>
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8a. USUAL OCCUPATION (Give kind of work done during the most of working life, even if retired) <u>Clerk</u>	8b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Store</u>	11. BIRTHPLACE (State or foreign country) <u>Shelby County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Eban Howe</u>	13b. MOTHER'S MAIDEN NAME <u>Sidney Kearns</u>	14. NAME OF HUSBAND OR WIFE <u>Lewis W. Meisner</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lewis W. Meisner - Shelbyville</u>	ADDRESS <u></u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	ANTECEDENT CAUSES <u>Hypertension (Essential)</u>		
	DUE TO (c) <u></u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>			

19a. DATE OF OPERATION <u></u>	19b. MAJOR FINDINGS OF OPERATION <u></u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>
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22. I hereby certify that I attended the deceased from Nov 11, 1953, to Nov 18, 1953 that I last saw the deceased alive on Nov 18, 1953, and that death occurred at 7:35A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>D. T. Rhoads D.O.</u> (Degree or title)	23b. ADDRESS <u>Kirksville, Mo.</u>	23c. DATE SIGNED <u>11-18-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11-18-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>2007 Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Shelbyville Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-20-53</u>	REGISTRAR'S SIGNATURE <u>Hato Lambert's</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Laughlin</u>	ADDRESS <u>Shelbyville</u>
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WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A SEPARATE ENTRY FOR EACH DEATH

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Harold H. Wegal

Signed.....

Student Embalmer

Licensed Embalmer No. *4296*

P. O. Address. *Kirkville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.