

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **42523**

No. 300  
10-48

FILED JAN 12 1954

BIRTH NO. _____		REG. DIST. NO. <u>11</u>		PRIMARY REG. DIST. NO. <u>5229</u>		Registrar's No. <u>31</u>	
1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>			
b. CITY OR TOWN <u>RURAL LYON</u>		c. LENGTH OF STAY (In this place) <u>5 yrs</u>		c. CITY OR TOWN <u>RURAL LYON 0360</u>		d. STREET ADDRESS (If rural, give location) <u>General No R 75</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS _____			
3. NAME OF DECEASED (Type or Print) <u>HERMANA</u>		a. (First) _____		b. (Middle) <u>H</u>		c. (Last) <u>MEYER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>12-18-53</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>AUG 9 1971</u>		9. AGE (In years last birthday) <u>82</u>		10. MONTHS <u>4</u>		11. DAYS <u>9</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>NEAR NEW HAVEN MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HERMAN MEYER</u>		13b. MOTHER'S MAIDEN NAME <u>CHARLOTTA GERDES</u>		14. NAME OF HUSBAND OR WIFE <u>EMMA MEYER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Herbert Kasper</u> ADDRESS <u>Heald</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-Vascular-Renal Disease</u>		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		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) _____			
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>2</u> - <u>1953</u> , to <u>12-18</u> , 1953, that I last saw the deceased alive on <u>12-6</u> , 1953, and that death occurred at <u>9-A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Chas A Schum of MD</u>				23b. ADDRESS <u>General No</u>		23c. DATE SIGNED <u>12-19-53</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) _____		24b. DATE <u>12-21-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn</u>		24d. LOCATION (City, town, or county) (State) <u>Greenlawn Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-19-53</u>		REGISTRAR'S SIGNATURE <u>R K Mathewson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L C Bertgen</u>		ADDRESS <u>Greenlawn</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

U/11/1

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

*Earl Perley*

Licensed Embalmer No. \_\_\_\_\_

*3386*

P. O. Address. \_\_\_\_\_

*Green Haven*

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.