

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42634**

FILED DEC 28 1953

BIRTH NO.		REG. DIST. NO. 132		PRIMARY REG. DIST. NO. 3021		Registrar's No. 179	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Grundy		b. CITY (If outside corporate limits, write RURAL and give town) Trenton		a. STATE Missouri		b. COUNTY Grundy	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1717 Chicago		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Trenton		d. STREET ADDRESS (If rural, give location) 1717 Chicago	
3. NAME OF DECEASED (Type or Print)		a. (First) Mary		b. (Middle) M.		c. (Last) Meier	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Jan 5, 1867	
9. AGE (In years last birthday) 86		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) Months Days Hours Min.	
11. BIRTHPLACE (State or foreign country) Gailsburg, Ill.		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Michael Meier		13b. MOTHER'S MAIDEN NAME Mary Meier	
14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs Minnie Allardice	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				ADDRESS 1717 Chicago	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis				INTERVAL BETWEEN ONSET AND DEATH 4 yrs	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES 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) Trenton 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?		21g. HOW DID INJURY OCCUR?		21h. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 16, 1953 , to Dec 16, 1953 , that I last saw the deceased alive on Dec 16, 1953 , and that death occurred at 6:50 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE E. D. Murphy M.D.				23b. ADDRESS Trenton Mo.		23c. DATE SIGNED Dec 17-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 18, 53		24c. NAME OF CEMETERY OR CREMATORY K P		24d. LOCATION (City, town, or county) (State) Trenton Mo.	
DATE REC'D BY LOCAL REG. 12-18-53		REGISTRAR'S SIGNATURE Jane Fair		25. FUNERAL DIRECTOR'S SIGNATURE Chas. D. Gipson		ADDRESS Trenton, Mo.	

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 Leo H. Whitaker.....

Licensed Embalmer No. 4780.....

P. O. Address Trenton, 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.