

FILED JAN 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43953**
Registrar's No. **311**

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056**

1. PLACE OF DEATH a. COUNTY RANDOLPH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CHARITON	
b. CITY (If outside corporate limits, write RURAL and give township) MOBERLY		c. CITY (If outside corporate limits, write RURAL and give township) BRUNSWICK TOWNSHIP	
c. LENGTH OF STAY (in this place) 69 DRS		d. STREET ADDRESS (If rural, give location) 1 mi N.W. of Brunswick	
d. FULL NAME OF HOSPITAL OR INSTITUTION WOODLAND HOS.			

3. NAME OF DECEASED (Type or Print)	a. (First) FRANK	b. (Middle) ELMER	c. (Last) MEYER	4. DATE OF DEATH (Month) (Day) (Year)	12 27 1953
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 2-19-1884	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMWORK	11. BIRTHPLACE (City and State or Foreign Country) BRUNSWICK Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME CHAS. F. MEYER	13b. MOTHER'S MAIDEN NAME MARY KAHLER	14. NAME OF HUSBAND OR WIFE ELSIE MEYER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. ELSIE MEYER	ADDRESS BRUNSWICK Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemiplegia, Right		INTERVAL BETWEEN ONSET AND DEATH 1 week
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Dec 25, 1953, to Dec 27, 1953**, that I last saw the deceased alive on **Dec 27, 1953**, and that death occurred at **2 P M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title)	23b. ADDRESS Moberly Mo. Dec 29 1953	23c. DATE SIGNED
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24a. BURIAL, CREMATION (REMOVAL) (Specify) BURIAL	24b. DATE 12-30-1953	24c. NAME OF CEMETERY OR CREMATORY ELLIOTT GROVE	24d. LOCATION (City, town, or county) (State) BRUNSWICK Mo
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DATE REC'D BY LOCAL REG. 12-30-53	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS [Address]
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

VS
APR 12 1987

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 L. J. Weisell

Licensed Embalmer No. 823

P. O. Address Brunswick, N.C.

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.