

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

**5331**

State File No. ....

No. 300  
10.48  
540  
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**FILED MAR 4 1954** BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4273 Registrar's No. 15

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>LAFAYETTE</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>CONCORDIA</u>	a. STATE <u>MISSOURI</u>	b. COUNTY <u>LAFAYETTE</u>
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>CONCORDIA</u>	d. STREET ADDRESS <u>906 ST. LOUIS ST.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>906 ST. LOUIS ST</u>		e. TOWN <u>0540</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>WILLIAM</u>	b. (Middle) <u>JOHN</u>	c. (Last) <u>MEYER</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>FEB 17 1954</u>
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<b>5. SEX</b> <u>MALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>WIDOWED</u>	<b>8. DATE OF BIRTH</b> <u>JAN 29 1866</u>	<b>9. AGE</b> (In years last birthday) <u>88</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>OLD AGED PENSIONER</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>NONE</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>SALINE COUNTY MISSOURI</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S. A.</u>
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<b>13a. FATHER'S NAME</b> <u>CHRIST MEYER</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>PAULINE STUMMEL</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>LENA MEYER DECEASED</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	<b>16. SOCIAL SECURITY NO.</b> <u>NONE</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>HERBERT C. MEYER</u>	<b>ADDRESS</b> <u>CONCORDIA, MO</u>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <u>2 hours</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>cardiac failure</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>apoplexy</u> DUE TO (c) <u>arteriosclerosis</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>334 X</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 6/11/1953 to 2/17/1954, that I last saw the deceased alive on 1/16/1954, and that death occurred at 6:20 A.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>H. O. Robinson, D.O.</u>	<b>23b. ADDRESS</b> <u>Concordia Mo</u>	<b>23c. DATE SIGNED</b> <u>2/17/54</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>2-19-54</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>ST. JOHN'S CEMETERY</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>EMMA MO</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>Feb. 19 1954</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Clayton H. Landrum</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>E. S. James</u>	<b>ADDRESS</b> <u>Concordia, Mo</u>
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(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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*E. S. Jones*

Licensed Embalmer No. 2058

P. O. Address Concordia, 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.