

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5623

State File No.

BIRTH NO. FILED FEB 16 1954 REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 5883 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Osage		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Osage	
b. CITY OR TOWN Bonnots Mill Linn (a)	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Bonnots Mill	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION In Home		e. STREET ADDRESS (If rural, give location) 0760	

3. NAME OF DECEASED (Type or Print) Elizabeth	a. (First)	b. (Middle)	c. (Last) Meyer	4. DATE OF DEATH (Month) (Day) (Year) Feb 7, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Nov. 24, 1874	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 2	IF UNDER 1 YEAR Days 19	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Westphalia, Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry Meyer	13b. MOTHER'S MAIDEN NAME Anna Stuekmeyer	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental, Burned to death in fire which destroyed home		
	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.		E9160 16	

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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bonnots Mill, Mo. Osage Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2/7/54 - 6 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? In fire that destroyed home
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>George Morrison</i> 3 Coroner	23b. ADDRESS Box 255, Linn, Mo.	23c. DATE SIGNED 2/8/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY Bonnots Mill Parish	24d. LOCATION (City, town, or county) (State) Bonnots Mill, Mo.
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DATE REC'D BY LOCAL REG. Feb 13-1954	REGISTRAR'S SIGNATURE <i>T. A. ...</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>...</i> ADDRESS <i>...</i>
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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.....
Signature of Student Embalmer

Signed.....
Sybilta Shull

Licensed Embalmer No. 432

P. O. Address *Jefferson*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.