

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11702**

No. 300
10. 48

0360

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

BIRTH ~~FILED~~ **ADD 02 1954** REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 5425 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEW HAVEN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEW HAVEN	
c. LENGTH OF STAY (in this place) 21 yrs.		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			
3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) CHRIST. c. (Last) MEXER		4. DATE OF DEATH (Month) (Day) (Year) APRIL 16 - 1954	
5. SEX M	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Jan 2, 1866
9. AGE (In years last birthday) 88		10. MONTHS 3	11. DAYS 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	
11. BIRTHPLACE (City and State or Foreign Country) GERMANY		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME HENRY MEYER		13b. MOTHER'S MAIDEN NAME LOUISE PETHMEYER	
14. NAME OF HUSBAND OR WIFE MARY MEYER			
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. no.	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Amanda Stock Berger Mo.		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH Died suddenly *This does not mean the mode of dying, such as heart failure, asphyxia, 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. Diabetes Mellitus 8-10 years			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 4201	
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 9/31, 1940 to 4/16, 1954 ; that I last saw the deceased alive on 3/30, 1954 ; and that death occurred at 6:55 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) B.P. Eisenmann M.D.		23b. ADDRESS New Haven Mo.	
23c. DATE SIGNED 4/17/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-19-54	
24c. NAME OF CEMETERY OR CREMATORY NEW HAVEN CEM.		24d. LOCATION (City, town, or county) (State) NEW HAVEN, MO.	
DATE RECD BY LOCAL REG. PR 22 1954		REGISTRAR'S SIGNATURE Hettie Murphy 501-	
25. FUNERAL DIRECTOR'S SIGNATURE L.P. Festig & Son		ADDRESS _____	

MAR 22 1955

AUG 12 1957

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

Carl A. Fertig

Licensed Embalmer No. 3385

P. O. Address New Haven, Conn.

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.