

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11777

State File No. ....

FILED **MAY 3 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 412

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b> <u>0396</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>SPRINGFIELD</b> )		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>SPRINGFIELD</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSP.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>U.S. MEDICAL CENTER</b>	

3. NAME OF DECEASED (Type or Print) <b>OSCAR</b>	a. (First)	b. (Middle)	c. (Last) <b>MEIER</b>	4. DATE OF DEATH <b>APRIL 23 1954</b>	(Month) (Day) (Year)
--	------------	-------------	------------------------	---------------------------------------	----------------------

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>March 17, 1885</b>	9. AGE (In years last birthday) <b>69</b>	If UNDER 1 YEAR Months Days	If UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	---	--	---	-----------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chief Electrician</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>U. S. Medical Center</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Atchison, Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
--	---	--	---

13a. FATHER'S NAME <b>Alfred Meier</b>	13b. MOTHER'S MAIDEN NAME <b>Lena Wilberger</b>	14. NAME OF HUSBAND OR WIFE <b>Florence Meier</b>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Florence Meier, Springfield, Missouri</b>	ADDRESS
---	--	--	---------

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) <b>BRONCHOGENIC CARCINOMA META-STATIC (TO MEGASTRINUM) AFTER PNEUMONECTOMY, JUNE, 1951</b>	ANTECEDENT CAUSES <b>DUO TO (b) ANTEROSCLEROTIC HEART DISEASE.</b>		<b>ABOUT 3 YEARS</b>
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 checked="" type="checkbox"/> NO <input 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 JUNE, 1951, to APRIL 23, 1954, that I last saw the deceased alive on APRIL 22, 1954 and that death occurred at 4:45 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Glenn O. T. ... M.D.</b>	23b. ADDRESS <b>Springfield, Mo</b>	23c. DATE SIGNED <b>4/24/54</b>
--	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>4/26/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>
--	--------------------------	--	---

DATE REC'D BY LOCAL REG. <b>4-26-54</b>	REGISTRAR'S SIGNATURE <b>Edith Williamson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>H.H. LOHMEYER</b>	ADDRESS <b>SPRINGFIELD MO.</b>
---	---	---	--------------------------------

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

FILE

MAY 3

JUL 3 1956

**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 *Lucien T. Swadlow*.....

Licensed Embalmer No. *48*.....

P. O. Address *Spring*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.