

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED MAY 18 1954

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

0210

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4110 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Salisbury</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Parakey-Tessville Township</u>	
c. LENGTH OF STAY (In this place) <u>Approx 1hr</u>		d. STREET ADDRESS (If rural, give location) <u>1st House North of Asbury Church</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Office of Dr. E. L. Eichhorn</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u> b. (Middle) <u>Christine</u> c. (Last) <u>Meyer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 11-1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov 1-1873</u>
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Chariton County Missouri</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Home</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Louis Coleman</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Bealer</u>	
14. NAME OF HUSBAND OR WIFE <u>Henry Francis Meyer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Frank Meyer</u>		ADDRESS <u>Forest Green, Missouri</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Hypertension</u> 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"/>			
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 <u>Oct 9, 1954</u> , to <u>May 11, 1954</u> , that I last saw the deceased alive on <u>May 14, 1954</u> , and that death occurred at <u>9:40A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. L. Eichhorn D.O.</u>		23b. ADDRESS <u>119 W. 2nd St Salisbury Mo</u>	23c. DATE SIGNED <u>5/11-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-13-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Asbury Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Chariton County Mo</u>
DATE REC'D BY LOCAL REG. <u>5/12/54</u>	REGISTRAR'S SIGNATURE <u>H. W. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas B Winkelmeyer</u> ADDRESS <u>Salisbury Mo</u>	

MAY 28 1954

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

Chas B Winkelmeier

Licensed Embalmer No. *3842*

P. O. Address *Salisbury, 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.