

No. 300  
10.48

FILED SEP 29 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31169**

0570  
1

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 5678 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Waverly</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Waverly</b> <b>0570</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>none 4 miles W. Silex</b>		d. STREET ADDRESS (If rural, give location) <b>4 miles West of Silex</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Emma</b>	b. (Middle) <b>Frances</b>	c. (Last) <b>Meuth</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 16 1954</b>
-------------------------------------	------------------------	----------------------------	------------------------	---

5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>2-13-1870</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>3</b>	IF UNDER 18 HRS. Hours <b>3</b> Min.
-----------------	---------------------------	---	-----------------------------------	---	---	--------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>noe</b>	11. BIRTHPLACE (State or foreign country) <b>Lincoln Co. Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>US</b>
--	--	---	--

13a. FATHER'S NAME <b>JosephHunn</b>	13b. MOTHER'S MAIDEN NAME <b>Gunther</b>	14. NAME OF HUSBAND OR WIFE <b>Louis Meuth</b>
--------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Owen Meuth</b>	ADDRESS <b>Silex, Mo.</b>
---	--	---	---------------------------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>
	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.			

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) (m.)	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 Aug 28, 1953 to Sept 13, 1954, that I last saw the deceased alive on Sept 13, 1954 and that death occurred at 2 P. m., from the causes and on the date stated above.

23a. SIGNATURE <b>R.M. Powell</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Silex Mo.</b>	23c. DATE SIGNED <b>Sept 16 54</b>
---	-------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-20-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Millwood Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Millwood-Lincoln Co. Mo.</b>
---	--------------------------	---	---

DATE REC'D BY LOCAL RES. <b>9/27/54</b>	REGISTRAR'S SIGNATURE <b>Mrs. Clarence Krentz</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J.B. Wood</b>	ADDRESS <b>Bowling Green Mo.</b>
---	---	---	----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *James B. Mudd*

Licensed Embalmer No. *4152*

P. O. Address *Baltimore, Md.*

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.