

FILED DEC 7 1954

STANDARD CERTIFICATE OF DEATH

State File No. 37247

BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 4231 Registrar's No. 80

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <i>Hawaii</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>MO</i> b. COUNTY <i>Hawaii</i> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <i>Wahiawa</i> | | c. CITY (If outside corporate limits, write RURAL and give township) <i>West Plains</i> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) <i>923-Jefferson Ave</i> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Shaffer-General Hospital</i> | | | |

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|--|---------------------------|--|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <i>Lena</i> b. (Middle) _____ c. (Last) <i>Meyers</i> | | 4. DATE OF DEATH (Month) (Day) (Year) <i>11-17-54</i> | |
| 5. SEX <i>F</i> | 6. COLOR OR RACE <i>W</i> | 7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i> | 8. DATE OF BIRTH <i>Oct 19-1889</i> |
| 9. AGE (In years last birthday) <i>65</i> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i> | 11. BIRTHPLACE (City and State or Foreign Country) <i>Mulberry Grove - Ill</i> |
| 10a. USUAL OCCUPATION | | 12. CITIZEN OF WHAT COUNTRY? <i>USA</i> | |

| | | | | | |
|---|--|---|--|---|--|
| 13a. FATHER'S NAME <i>Leonard F Snow</i> | | 13b. MOTHER'S MAIDEN NAME <i>Mary Alice Blom</i> | | 13c. NAME OF HUSBAND OR WIFE <i>Wm-M Meyers</i> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i> | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs S Thacker - R#4 - Wahiawa Ill</i> | |

| | | | |
|---|--|--|----------------------------------|
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pulmonary edema</i> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cardiac Decompensation</i> | | |
| | DUE TO (c) <i>Tuberculosis</i> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Cardiac</i> | | | |

| | | | | | |
|---|--|--|--|---|--|
| 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) <i>002 X</i> | |
| 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 *8-13*, 19*54*, to *11-17*, 19*54*; that I last saw the deceased alive on *11-17*, 19*54*, and that death occurred at *2:00 P.M.*, from the causes and on the date stated above.

| | | | | | |
|---|--|--|--|--|--|
| 23a. SIGNATURE <i>Robt L McCreekin</i> | | 23b. ADDRESS <i>Do. 2 West Plains MO</i> | | 23c. DATE SIGNED <i>11-20-54</i> | |
| 24a. BURIAL/CREMATATION, REMOVED (Specify) | | 24b. DATE <i>11/20/54</i> | | 24c. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn Ceme West Plains MO</i> | |
| 24d. LOCATION (City, town, or county) (State) | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Mooreburgh - West Plains MO</i> | | | |
| DATE REC'D BY LOCAL REG. <i>12-7-54</i> | | REGISTRAR'S SIGNATURE <i>Laura Mitchell</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Mooreburgh - West Plains MO</i> | |

(Licensed Embalmer's Statement on Reverse Side)

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

0460

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 *Hal - Thornburgh* _____

Licensed Embalmer No. *32767* _____

P. O. Address *Went Plains 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.