

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1828

State File No.

FILED JAN 18 1955

BIRTH NO. _____ REG. DIST. NO. 230 PRIMARY REG. DIST. NO. 5810 Registrar's No. 821

0700

1. PLACE OF DEATH a. COUNTY <u>MONTGOMERY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>MONTGOMERY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL LOU TRE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural LOU TRE 0700</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CINDY</u> b. (Middle) <u>ROSE</u> c. (Last) <u>MEYER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 10 55</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>Sept 14 - 53</u>	9. AGE (If years last birthday) <u>1</u>	IF UNDER 1 YEAR (Month) (Day) (Hour) (Min.) <u>13 26</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Troy mo 0</u>	12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>Henry C Meyer Jr</u>		13b. MOTHER'S MAIDEN NAME <u>ALETA OBERLE</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Walter Meyer High School</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, asphyxia, 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) <u>Asphyxiation</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Conflagration</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>E9160 16</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>New Florence (Rural) Montgomery MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>Jan. 10 14:53 0 m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Left in burning house</u>

22. I hereby certify that I attended the deceased from 1-10 1955, to 19, that I last saw the deceased alive on 19, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Oliver W. Bennett D.D.S. Crown</u>	23b. ADDRESS <u>Montgomery City MO</u>	23c. DATE SIGNED <u>1-12-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>Jan 12 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jonesburg</u>	24d. LOCATION (City, town, or county) (State) <u>Jonesburg MO</u>
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DATE REC'D BY LOCAL REG. <u>Jan. 15, 1955</u>	REGISTRAR'S SIGNATURE <u>Mrs. Eunice Bush</u>	425-21	25. FUNERAL DIRECTOR'S SIGNATURE <u>G.A. Harding</u>	ADDRESS <u>Jonesburg MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3

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 *Carl Sanders*

Licensed Embalmer No. 4115

P. O. Address *London, 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.