

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1829

State File No.

BIRTH NO.		REG. DIST. NO. <u>230</u>		PRIMARY REG. DIST. NO. <u>5810</u>		Registrar's No. <u>81</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>MONTGOMERY</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural LOU TRE</u>		c. LENGTH OF STAY (in this place)		a. STATE <u>MO</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural LOU TRE</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL LOU TRE</u>		b. COUNTY <u>MONTGOMERY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>6 mile South of High Hill mo</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) <u>HENRY</u>	b. (Middle) <u>CARL</u>	c. (Last) <u>MEYER JR</u>	a. (Month) <u>JAN</u>	b. (Day) <u>10</u>	c. (Year) <u>55</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 23 1908</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 48 HRS. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Warren County mo</u>		12. CITIZENSHIP OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Henry Meyer SR</u>		13b. MOTHER'S MAIDEN NAME <u>Hilma Drosser</u>		14. NAME OF HUSBAND OR WIFE <u>ALETA A BERLE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Walter Meyer</u>		ADDRESS <u>High Hill mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suffocation</u>					
		ANTECEDENT CAUSES					
		*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.					
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Inhaling Coal oil</u>					
		DUE TO (c) <u>Flames</u>					
		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"/>	
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) <u>New Florence (Rural)</u> (COUNTY) <u>Montg.</u> (STATE) <u>MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 10 1955 3:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Explosion Coal oil Refrigerator</u>			
22. I hereby certify that I attended the deceased from <u>1-10-55</u> , to <u>1-10-55</u> , that I last saw the deceased alive on <u>1-10-55</u> , and that death occurred at <u>5:30 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Clement W. Linnert D.D. Crowe</u>				23b. ADDRESS <u>Montgomery City Mo</u>		23c. DATE SIGNED <u>1-12-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 12 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jonestown</u>		24d. LOCATION (City, town, or county) (State) <u>Jonestown Mo</u>		
DATE REC'D BY LOCAL REG. <u>Jan 15, 1955</u>		REGISTRAR'S SIGNATURE <u>Mrs. Linniae Bush</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C.A. Dardig</u>		ADDRESS <u>Jonestown mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 900
10-48700
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APR 19 1957

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.

Paul A. Sanders

Signed

Student
Student Embalmer

Licensed Embalmer No. *4115*

P. O. Address *Jonestown 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.