

FILED FEB 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5529**
Registrar's No. **19**

BIRTH NO. _____ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **4308**

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give town) Noel	c. LENGTH OF STAY (in this place) 20 yrs.	c. CITY OR TOWN Noel	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Fountain Hosp.		STREET ADDRESS (If rural, give location) Rt. 2 0600	

3. NAME OF DECEASED (Type or Print) a. (First) August b. (Middle) - c. (Last) Meyer			4. DATE OF DEATH (Month) (Day) (Year) 1 - 14 - 55		
5. SEX Male	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 12, 1891	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Nebr. State		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Chris Meyer	13b. MOTHER'S MAIDEN NAME Helena Holmes	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ed Meyer - Noel, Mo.	ADDRESS
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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, ashenia, 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) Cerebral Hemorrhage		4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c)		3 yrs.
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"/> 331X
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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 **Sept. 1950**, to **1-14-1955**, that I last saw the deceased alive on **1-14-55**, 19____, and that death occurred **10:30A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L.D. Fountain, L.D.O.	23b. ADDRESS Noel, Missouri	23c. DATE SIGNED 2-25-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-16-55	24c. NAME OF CEMETERY OR CREMATORY Anderson Cem.	24d. LOCATION (City, town, or county) (State) Anderson, Mo.
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DATE REC'D BY LOCAL REG. 2-26-55	REGISTRAR'S SIGNATURE Mary... 425	25. FUNERAL DIRECTOR'S SIGNATURE W. B. Humphrey	ADDRESS Noel, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Mayne E. Humphreys*

Licensed Embalmer No. *426*

P. O. Address *Paris, Ind.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

MISSOURI BOARD OF EMBALMERS