

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

7226

State File No.

FILED APR 12 1955

BIRTH NO. _____ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 4040 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Benton</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cole Camp</u> c. LENGTH OF STAY (in this place) <u>17 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION ***			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cole Camp</u> d. STREET ADDRESS (If rural, give location) ***		
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3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>Theis</u> c. (Last) <u>Meyer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 3rd 1955</u>
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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>April 12th 1871</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>21</u>	IF UNDER 11 HRS. Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Labor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Theis Meyer</u>	13b. MOTHER'S MAIDEN NAME <u>Maria Pape</u>	14. NAME OF HUSBAND OR WIFE <u>Sena Meyer</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Sena Meyer</u> <u>Cole Camp Mo</u>
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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) <u>Coronary Thrombosis</u>	DUE TO (b) <u>arteriosclerosis</u>	<u>2 hrs</u>
	ANTECEDENT CAUSES Asford conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <u>Sensibility</u>	<u>10 yrs</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>10 yrs</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from never, 19 , to never, 19 , that I last saw the deceased alive on never, 19 , and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>Harold Wickhoff</u>	23b. ADDRESS <u>Cole Camp Mo</u>	23c. DATE SIGNED <u>4/15/55</u>
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24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr 6th 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cole Camp Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Cole Camp Mo</u>
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DATE REC'D BY LOCAL REG. <u>Apr 6, 1955</u>	REGISTRAR'S SIGNATURE <u>E L Eickhoff</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E L Eickhoff</u> <u>Cole Camp Mo</u>
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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
Student Embalmer

Signed B. R. Eickhoff
730

Licensed Embalmer No.

P. O. Address Cole Camp 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.