

FILED APR 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12721

State File No.

BIRTH NO. REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4255 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Madrid</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Madrid</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		0121	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>737 Mitchel St.</u>		d. STREET ADDRESS (If rural, give location) <u>737 Mitchel St.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Walter</u>	b. (Middle) <u>Louis</u>	c. (Last) <u>Meier</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 11, 55</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>Sept. 24, 1883</u>	9. AGE (In years last birthday) <u>71</u>	If UNDER 1 YEAR Months <u>6</u> Days <u>17</u>	If UNDER 24 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>Auditor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>	11. BIRTHPLACE (State or foreign country) <u>New Madrid</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Charles Meier</u>	13b. MOTHER'S MAIDEN NAME <u>Zilda Creeley</u>	14. NAME OF HUSBAND OR WIFE <u>Hattie Meier</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hattie Meier, New Madrid</u>	ADDRESS <u>New Madrid</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>Pulmonary emphysema</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchitis</u>		
DUE TO (c)		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 <u>526X</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 1/1, 1954, to 2/11, 1955, that I last saw the deceased alive on 2/11, 1955, and that death occurred at 8:20 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. K. Callison</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1053 Madison Memphis, Tenn</u>	23c. DATE SIGNED <u>4/13/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 13, 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>New Madrid, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4/14/55</u>	REGISTRAR'S SIGNATURE <u>Johnny S. Roddy</u>	512	25. FUNERAL DIRECTOR'S SIGNATURE <u>Richards</u> ADDRESS <u>116 New Madrid</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

VS AUG 26 1959

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

Tommy L. Roberts

Licensed Embalmer No. *4886*

P. O. Address *New Madrid,*

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.