

No. 300
10.48

FILED JUN 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15016

BIRTH NO. REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 5304 Registrar's No. 165

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY OR TOWN Jefferson City Rural	c. LENGTH OF STAY (in this place) 55 yrs	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Liberty township	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 miles south Liberty township		d. STREET ADDRESS (If rural, give location) 6 miles south Liberty township	

3. NAME OF DECEASED (Type or Print) Conrad Meyer	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) May 31, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 5, 1866	9. AGE (in years) Last birthday: 88 If under 1 year: 5 Months If under 24 hrs.: 26 Days Hours: _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer	10b. KIND OF BUSINESS OR INDUSTRY OWN	11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="radio"/> Schuberts, Mo.		12. CITIZEN OF WHAT COUNTRY? Mo.

13a. FATHER'S NAME John Wolfgang Meyer	13b. MOTHER'S MAIDEN NAME Anna Stroessner	14. NAME OF HUSBAND OR WIFE Louise Meyer
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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) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mrs Louise Meyer	ADDRESS Jefferson City, Mo.
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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, athermia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 yrs
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, general DUE TO (c) Chronic arthritis		
11. 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"/>
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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) 4500
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **11-1**, 19**52**, to **5-31**, 19**55**, that I last saw the deceased alive on **5-31**, 19**55**, and that death occurred at **8 p** m., from the causes and on the date stated above.

23a. SIGNATURE Edward R. Bohner	(Degree or title) M.D.	23b. ADDRESS Jefferson City, Mo.	23c. DATE SIGNED 6-1-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 2, 1955	24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.
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DATE REC'D BY LOCAL REG. June 1-1955	REGISTRAR'S SIGNATURE R. P. Harris	25. FUNERAL DIRECTOR'S SIGNATURE Victor Busch	ADDRESS Jefferson City, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

ohr
0260

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

Charles Buescher

Licensed Embalmer No. 3701

P. O. Address *Jefferson*

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.