

FILED JUL 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **19288**

BIRTH NO.		REG. DIST. NO. 174	PRIMARY REG. DIST. NO. 5644	Registrar's No. 50
1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette		
b. CITY (If outside corporate limits, write RURAL and give town or township) Lexington		c. LENGTH OF STAY (in this place) life		c. CITY OR TOWN Lexington
d. FULL NAME OF HOSPITAL OR INSTITUTION 1/2 mile South on High. 13		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 05/0		
3. NAME OF DECEASED (Type or Print) a. (First) Otto b. (Middle) William c. (Last) Meierer		4. DATE OF DEATH (Month) (Day) (Year) June 2 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Jan 25-1881	
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months 4 Days 7	IF UNDER 24 HRS. 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 Owner		11. BIRTHPLACE (City and State or Foreign Country) Lexington, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Meierer		
13b. MOTHER'S MAIDEN NAME Sarah Berg		14. NAME OF HUSBAND OR WIFE None		
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. None		17. INFORMANT'S SIGNATURE OR NAME Lena Meierer, Lexington, Missouri
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide by hanging		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 974X		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No surgery		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT? SUICIDE? HOME? (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lexington Lafayette MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 2-1955		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Death by hanging
22. I hereby certify that I attended the deceased from after death to May 2 , 1955, that I last saw the deceased alive on May 2 , 1955, and that death occurred at 10 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE W. M. Corcoran (Degree or title) Coroner		23b. ADDRESS Orama Mo		23c. DATE SIGNED 6-2-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 4, 1955		24c. NAME OF CEMETERY OR CREMATORY Memorial park
24d. LOCATION (City, town, or county) (State) Lexington Missouri		24e. FUNERAL DIRECTOR'S SIGNATURE Thomas F. Tempel Lexington Missouri		
DATE REC'D BY LOCAL REG. 6-26-55		REGISTRAR'S SIGNATURE Anna E. ...		

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 1-6 1950

5232

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.....
Geo. McLean

Licensed Embalmer No. 290

P. O. Address *Springfield, Mass*

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.