

FILED DEC 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36397

State File No.

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5361 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Daviess		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Jackson Twp.	c. LENGTH OF STAY (in this place township) Few Min	c. CITY OR TOWN Polo	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 1/2 Mi. N.W. Lock Springs Mo.		STREET ADDRESS (If rural, give location) ---	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Alfred c. (Last) Meuser	4. DATE OF DEATH (Month) (Day) (Year) December 7 1955					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH March 21 1929	9. AGE (In years last birthday) 26	IF UNDER 1 YEAR Months Days	IF UNDER 18 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad	10b. KIND OF BUSINESS OR INDUSTRY Signal Maintainer	11. BIRTHPLACE (City and State or Foreign Country) Iowa	12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Alfred J. Meuser	13b. MOTHER'S MAIDEN NAME Ester Johnson	14. NAME OF HUSBAND OR WIFE ---
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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. 723-01-6993	17. INFORMANT'S SIGNATURE OR NAME Alfred J. Meuser, Polo, Missouri	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, asphyxiation, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation		INTERVAL BETWEEN ONSET AND DEATH Few Min
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Carbon Monoxide Gas		
	DUE TO (c) Faced into automobile		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			9731

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) Suicide	21b. PLACE OF INJURY (e.g., in or about home, in m. factory, etc. office bldg., etc.) Rural Jackson Twp.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Daviess, Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 12-7-1955 10:30 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Head connected to exhaust pipe of automobile
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22. I hereby certify that I attended the deceased from **At Death**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that he **deceased** at **10:30** m., from the causes and on the date stated above.

23a. SIGNATURE Dr. Clement J. Dept. Comm	(Degree or title)	23b. ADDRESS Gallatin, Missouri	23c. DATE SIGNED Dec. 8-1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-8-1955	24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery	24d. LOCATION (City, town, or county) (State) Centerville, Iowa
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DATE REC'D BY LOCAL REG. 12-9-1955	REGISTRAR'S SIGNATURE Virginia M Engelhart	25. FUNERAL DIRECTOR'S SIGNATURE J. P. ...	ADDRESS Hope Funeral Home, Gallatin, Mo.
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

1988 FEB 2 6 33

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 *L. O. Dickerson*

.. Licensed Embalmer No. *33*

P. O. Address *Dallatin*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.