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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 2 1955

State File No. 37366

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5643 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: LAFAYETTE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL FREEDOM
c. LENGTH OF STAY (in this place): 8 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5 MI WEST OF CONCORDIA, MO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: LAFAYETTE
c. CITY OR TOWN: RURAL
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 5 MI WEST OF CONCORDIA, MO

3. NAME OF DECEASED (Type or Print): a. (First) MARTIN b. (Middle) J. c. (Last) MEYER

4. DATE OF DEATH (Month) NOV (Day) 23 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: MAY 7, 1890

9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — 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: GEN FARMING

11. BIRTHPLACE (City and State or Foreign Country): PETTIS COUNTY, MO

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOHN MEYER

13b. MOTHER'S MAIDEN NAME: CATHRINE YIETS

14. NAME OF HUSBAND OR WIFE: CAROLINE MEYER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NO

17. INFORMANT'S SIGNATURE OR NAME: MRS. CAROLINE MEYER ADDRESS: CONCORDIA, MO

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) CEREBRAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 6 DAYS

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) HYPERTENSIVE CARDIO VASCULAR DISEASE — SEVERAL YEARS
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 443X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MAR 3 *19*49*, to* NOV 23*, 19*55*, that I last saw the deceased alive on* NOV 23*, 19*55*, and that death occurred at* 2:40 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. H. Brady, M.D.

23b. ADDRESS: Concordia, Mo

23c. DATE SIGNED: 11/25/55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 11/26/55

24c. NAME OF CEMETERY OR CREMATORY: ST. PAUL'S CEMETERY

24d. LOCATION (City, town, or county) (State): CONCORDIA MO

DATE REC'D BY LOCAL REG.: 12-2-55

REGISTRAR'S SIGNATURE: Clyde A. Bridges

25. FUNERAL DIRECTOR'S SIGNATURE: E. L. Thomas ADDRESS: Concordia Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by .....Mr....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....E. S. James.....

Licensed Embalmer No. 2058

P. O. Address Concordia

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