

FILED JAN 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1182

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>4218</u>		Registrar's No. <u>81</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u>		c. LENGTH OF STAY (in this place) <u>10 Mos</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>White Township Rural</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>1 Mile West of Ionia</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clara</u>			b. (Middle) <u>Katherine Frederiecke</u>		c. (Last) <u>Meyer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 10th 1956</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 26th 1884</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months Days <u>0</u> <u>14</u>	IF UNDER 24 HRS. Hours Min. <u>0</u> <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Peter Holtzen</u>		13b. MOTHER'S MAIDEN NAME <u>Margret Dormann</u>		14. NAME OF HUSBAND OR WIFE <u>Carl Meyer</u>			
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 ADDRESS <u>Carl Meyer Ionia Missouri</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis Liver.</u> 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. <u>5810</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12-8</u> , 19 <u>55</u> to <u>1-7</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1-7</u> , 19 <u>56</u> , and that death occurred at <u>1:20 p.m.</u> ; from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Mildred Bigum</u>			23b. ADDRESS <u>Windsor Mo</u>			23c. DATE SIGNED <u>1-12-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 13th 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>North Lincoln Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Benton County</u>	
DATE REC'D BY LOCAL REG. <u>1-13-56</u>		REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>		521 <u>E. E. Eickhoff</u>		5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cole Camp Mo</u>	

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

(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 embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 780

P. O. Address _____

Cole Camp Rd

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.