

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1902

State File No. ....

No. 300  
10.48

FILED JAN 16 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY OR TOWN <u>Brookfield</u>	c. LENGTH OF STAY (in this place) <u>1 week</u>	c. CITY OR TOWN _____	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McLarney Hosp.</u>		STREET ADDRESS (If rural, give location) <u>North of Meadville</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Herman</u> b. (Middle) <u>John</u> c. (Last) <u>Meyer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-11-56</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12-4-1893</u>	9. AGE (In years last birthday) <u>62</u>	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) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State; Foreign Country) <u>Oberlathe, Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		

13a. FATHER'S NAME <u>John D. Meyer</u>	13b. MOTHER'S MAIDEN NAME <u>Sophie Frick</u>	13c. NAME OF HUSBAND OR WIFE <u>Sophie Meyer</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Sophie Meyer</u> ADDRESS <u>Meadville Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolus</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mural thrombosis</u> DUE TO (c) <u>Coronary occlusion</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized arteriosclerosis</u>		<u>8 days</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Jan 7, 1956, to Jan 11, 1956, that I last saw the deceased alive on Jan 11, 1956, and that death occurred at 2:00 p. m. from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Schubert</u> (Degree or title)	23b. ADDRESS <u>811 Main Brookfield Mo.</u>	23c. DATE SIGNED <u>1-12-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1-13-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul's Lutheran</u>
24d. LOCATION (City, town, or county) (State) <u>Brookfield, Missouri</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter S. Wilkison</u> ADDRESS <u>Meadville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-12-56</u>	REGISTRAR'S SIGNATURE <u>Katharine Johnson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter S. Wilkison</u> ADDRESS <u>Meadville Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

APR 30 1938

MAR 9 1938

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 *Wm E. McLean*.....

Licensed Embalmer No. *2957*.....

P. O. Address *Headville*.....

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.