

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30324**

FILED OCT 1 - 1956

BIRTH NO. _____ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **203**

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WASHINGTON		c. LENGTH OF STAY (If this place) 4 Days	c. CITY OR TOWN BERGER MO. R#1
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location)		0367	

3. NAME OF DECEASED a. (First) WILLIAM b. (Middle) MEYER c. (Last) MEYER			4. DATE OF DEATH Sept. 25 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 16 1878	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR 9 Months 9 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Etlah Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Henry Meyer	13b. MOTHER'S MAIDEN NAME Christina Bartelsmeyer	14. NAME OF HUSBAND OR WIFE Ida Meyer New Haven Mo.
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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. 489-42-2585	17. INFORMANT'S SIGNATURE OR NAME Mrs. William Meyer ADDRESS New Haven Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 4 days
	ANTECEDENT CAUSES DUE TO (b) arterio sclerosis		
	DUE TO (c) senility		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Apoplexy			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept 27 1956** to **Sept 25 1956**, that I last saw the deceased alive on **Sept 25 1956**, and that death occurred at **0367** m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) MD	23b. ADDRESS 906 E. Washington St.	23c. DATE SIGNED 9-28-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 29-1956	24c. NAME OF CEMETERY OR CREMATORY New Haven Cemetery	24d. LOCATION (City, town, or county) (State) New Haven Mo.
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DATE REC'D BY LOCAL REG. 9/26/56	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS New Haven Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

99-0

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Earl C. Steig.....

Licensed Embalmer No. 3385.....

P. O. Address New Haven.....

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.

10/3/40