FILED FEB 14 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 1798

Registration District No. 172 Primary Registration District No. 3034 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Higginsville — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 410 N. 29th St. — Length of stay in Hospital: 54 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Lafayette
c. CITY OR TOWN: Higginsville — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 410 N. 29th St. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Henry Middle: Friedrich Last: Meyer

4. DATE OF DEATH Month Day Year: Jan. 28, 1957

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** X **DIVORCED** ☐

8. DATE OF BIRTH: Sept. 4, 1869

9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months Days Hours Min. — IF UNDER 24 HRS.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farm Farmer

11. BIRTHPLACE (City and state or country): Washington, Mo.

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

13. FATHER'S NAME: Andrew Meyer

14. MOTHER'S MAIDEN NAME: Theresa Schulte

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.: none

17. INFORMANT Address: Agnes Meyer, Higginsville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myelogenous Leucemia — INTERVAL BETWEEN ONSET AND DEATH: 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 2041

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-4-52, to 1-28-57 and last saw him alive on 1-28-57
Death occurred at 6:15 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wilbur E. Fulkerson M.D.

22b. ADDRESS: Higginsville Mo.

22c. DATE SIGNED: 1-29-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY: St. Marys

23d. LOCATION (City, town, or county) (State): Higginsville, Mo.

24. FUNERAL DIRECTOR ADDRESS: Weigers-Rickhof, Higginsville Mo.

25. DATE RECD. BY LOCAL REG.: Feb 4-1957

26. REGISTRAR'S SIGNATURE: Clayton N. Landrum

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

APR 17 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student ..... Signed Forest Rickhof

Signature of Student Embalmer

Licensed Embalmer No. 4

P. O. Address Higginsvi

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