

FILED MAY 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12596
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>5304</u>		Registrar's No. <u>149</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Cole</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Osage</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>Route 4 Jefferson City</u>		d. Is 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>Route 4 - Jefferson City, Mo.</u>				e. STREET ADDRESS (If rural, give location) <u>Route 4 Osage Township</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Annie</u> b. (Middle) <u>Leona Elizabeth</u> c. (Last) <u>Meier</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 30 1957</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Dec. 9 1880</u>	
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>21</u>		IF UNDER 4 HRS. Hours <u> </u> Min. <u> </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Rt. 4 Jefferson City, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>							
13a. FATHER'S NAME <u>Andrew Meier</u>			13b. MOTHER'S MAIDEN NAME <u>Barbara Duenckel</u>		14. NAME OF HUSBAND OR WIFE <u>Never Married</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Edward Meier, Rt. 4 Jefferson City, 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							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Influenza</u>						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>							
DUE TO (b) <u>old age</u>							
DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? <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 <u>Jefferson City Mo</u>		21d. (STATE) <u>Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>April 15, 1957</u> , to <u>4-30, 1957</u> , that I last saw the deceased alive on <u>Apr 15, 1957</u> , and that death occurred at <u>8:30 m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>L.A.T. Meyer M.D.</u>				23b. ADDRESS <u>Jefferson City Mo</u>		23c. DATE SIGNED <u>5-4-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-3-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Immanuel Lutheran</u>		24d. LOCATION (City, town, or county) (State) <u>Honey Creek Cole Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4 May 1957</u>		REGISTRAR'S SIGNATURE <u>R.P. Harris M.D. M.R.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hubert Schubert Russellville Mo</u>			

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

680

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.....
Keup N. Schaubert

Licensed Embalmer No. *2820*

P. O. Address *Russellville*

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.

Keup N. Schaubert