

Health,
Welfare
Public
Service

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL DISEASES IN PART I MUST BE CAUSALLY RELATED

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018883

STATE FILE NUMBER

FILED MAY 26 1958

Registration District No. 172 Primary Registration District No. 4272 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> COUNTY <u>SALINE</u>	
b. CITY OR TOWN <u>WAVERLY</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>BLACKBURN</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>KELLING CLINIC</u>		Length of stay in 1b <u>12 DAYS</u>	d. STREET ADDRESS (If outside, give location) <u>0978</u>
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>George HENRY Meyer</u>			4. DATE OF DEATH Month Day Year <u>MAY 18 1958</u>				
5. SEX <u>MALE</u>	6. COLOR OF RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JANUARY 17, 1881</u>		9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months Days Hours Min.	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 or country) <u>EMMA, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

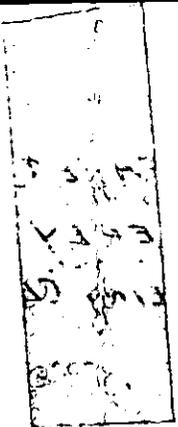
13a. FATHER'S NAME <u>HENRY MEYER</u>		13b. MOTHER'S MAIDEN NAME <u>CHRISTINE EHLERS</u>		14. NAME OF HUSBAND OR WIFE <u>CORNELIA MEINERSHAQEN</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>499-40-3431</u>		17. INFORMANT Address <u>Mrs. George H. Meyer - Blackburn, Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>coronary occlusion acute</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2/18/58</u> <u>5/18/58</u>
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)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>Jan. 1, 1946</u> to <u>May 18, 1958</u> and last saw him <u>alive</u> on <u>5/18/58</u> Death occurred at <u>11:27 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Wm J. Kelly M.D.</u> (Degree or title)		22b. ADDRESS <u>Waverly, Missouri</u>		22c. DATE SIGNED <u>5/19/58</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>MAY 24, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>BLACKBURN, Mo</u>		23d. LOCATION (City, town, or county) (State) <u>BLACKBURN, Mo</u>	
24. FUNERAL DIRECTOR <u>L. F. PARKER</u> ADDRESS <u>Sweet Springs, Mo</u>			25. DATE RECD. BY LOCAL REG. <u>5-20-58</u>		26. REGISTRAR'S SIGNATURE <u>Wanda D. Baird</u>		



STATEMENT BY LICENSED EMBALMER

5C

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 L. J. Parker

Licensed Embalmer No. 3840

P. O. Address Sweet Springs

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.