

No. 300
10. 48

FILED FEB 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1749

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 4276 Registrar's No. 2

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <i>Lawrence</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Pierce City</i> | | b. COUNTY <i>Lawrence</i> | |
| c. LENGTH OF STAY (In this place) <i>12 years</i> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Pierce City Mo</i> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1205 myrtle</i> | | d. STREET ADDRESS (If rural, give location) <i>205 myrtle</i> | |

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|---|---------------------------|--|--|--|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <i>JOHANN</i> b. (Middle) <i>BENARD</i> c. (Last) <i>MEIERS</i> | | | 4. DATE OF DEATH (Month) (Day) (Year) <i>Jan 8 1949</i> | | |
| 5. SEX <i>M</i> | 6. COLOR OR RACE <i>W</i> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH <i>Dec 23 - 1861</i> | | 9. AGE (In years last birthday) <i>88</i> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>Farmer</i> | | 11. BIRTHPLACE (State or foreign country) <i>Cincinnati Ohio</i> | |
| 12. CITIZEN OF WHAT COUNTRY? <i>USA</i> | | | | | |

| | | |
|-------------------------------------|--|--|
| 13a. FATHER'S NAME <i>not known</i> | 13b. MOTHER'S MAIDEN NAME <i>not known</i> | 14. NAME OF HUSBAND OR WIFE <i>never married</i> |
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|--|-------------------------------------|---|----------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i> | 16. SOCIAL SECURITY NO. <i>None</i> | 17. INFORMANT'S SIGNATURE OR NAME <i>Sue D. Salee</i> | ADDRESS <i>Pierce City</i> |
|--|-------------------------------------|---|----------------------------|

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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, assthenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Thrombosis</i> | | INTERVAL BETWEEN ONSET AND DEATH <i>3 da</i> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i> | | |
| | DUE TO (c) _____ | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>450.0</i> | | | |

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|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) <i>Pierce City Lawrence Mo</i> |
| 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? |

22. I hereby certify that I attended the deceased from *Jan 2, 1949*, to *Jan 4, 1949*, that I last saw the deceased alive on *Jan 3, 1949*, and that death occurred at *5:00 A.M.*, from the causes and on the date stated above.

| | | |
|---|------------------------------------|-----------------------------------|
| 23a. SIGNATURE <i>J. L. Edwards</i> (Degree or title) <i>M.D.</i> | 23b. ADDRESS <i>Pierce City Mo</i> | 23c. DATE SIGNED <i>Jan 5, 49</i> |
|---|------------------------------------|-----------------------------------|

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|---|------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | 24b. DATE <i>Jan 10 - 49</i> | 24c. NAME OF CEMETERY OR CREMATORY <i>St. Patricks Cemetery</i> | 24d. LOCATION (City, town, or county) (State) <i>Pierce City Mo</i> |
|---|------------------------------|---|---|

| | | | |
|---|---|---|-------------------------------|
| DATE REC'D BY LOCAL REG. <i>Jan 10 - 49</i> | REGISTRAR'S SIGNATURE <i>Ora Mcnatt</i> | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Wilbur Bond</i> | ADDRESS <i>Pierce City Mo</i> |
|---|---|---|-------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED
District Health Officer No. 6;
District File Number 149-72
Date Filed 1-27-49

FEB 1 1949

VS AUG 24 1960

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~~

Edwin P. Wilks

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Edwin P. Wilks

Signed _____
Student Embalmer

Licensed Embalmer No. _____

4191

P. O. Address _____

Pierce City Mo

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 this body is not embalmed, fact should be so stated above.