

FILED MAY 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14011

State File No.

0804

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 165

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>53 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2000 E. Broadway</u>			d. STREET ADDRESS (If rural, give location) <u>2000 E. Broadway</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARET</u>		b. (Middle) <u>Crece</u>	c. (Last) <u>lius</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 27 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>May-26-1873</u>	9. AGE (in years last birthday) <u>76</u>	IF UNDER 1 YEAR: Months <u>11</u> Days <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St Louis, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Henry Meyer</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Schuester</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Ernest Liebel Sedalia</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage with Left Hemiplegia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Jan. 22nd 1950. Over 2 years. Over 2 yrs</u>	
ANTECEDENT CAUSES <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>				DUE TO (b) <u>Hypertensive Heart Disease.</u>	
				DUE TO (c) <u>Senility and Arterio-Sclerosis</u>	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>743X</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Medical treatment only.</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None.</u>		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>over 2 yrs</u> to <u>April 27th, 1950</u> , that I last saw the deceased alive on <u>April 20th, 1950</u> , and that death occurred at <u>11:40 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Jno. B. Carlisle, M.D.</u>			23b. ADDRESS <u>Sedalia, Missouri.</u>		23c. DATE SIGNED <u>4-28-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <u>St. Johns cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>
DATE REC'D BY LOCAL REG. <u>4-29-50</u>		REGISTRAR'S SIGNATURE <u>J. Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McLaughlin Bros Sedalia</u>	

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

(Includes Embalmer's Statement on Reverse Side)

RECEIVED MAY 1 1950
District Health Officer No. B;
District File Number.....
Date Filed 5-3-50

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
Student Embalmer

Signed *K.P.M. Gray*.....
3153

Licensed Embalmer No.

P. O. Address *Sedalia 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.