

FILED AUG 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25977

State File No.

BIRTH NO. 25977-51 REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 4531 Registrar's No. 60

1090

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

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If in institution, give name and address) a. STATE <u>Mo.</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrenton</u>		c. LENGTH OF STAY (In this place) <u>(4) Four Hours</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MacRae Osteopathic Hosp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrenton</u>	
		d. STREET ADDRESS (If rural, give location) <u>R.R. 2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Glen</u> b. (Middle) <u>Henry</u> c. (Last) <u>Meyer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 3, 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>8</u>	
8. DATE OF BIRTH <u>Aug. 3, 1951</u>		9. AGE (In years last birthday) <u>0</u> MONTHS <u>4</u> DAYS <u>4</u> HOURS <u>4</u> MIN.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>—</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>Warren Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>	

13a. FATHER'S NAME <u>Carl Henry Meyer</u>		13b. MOTHER'S MAIDEN NAME <u>Arlayne June Vable</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Carl Henry Meyer</u> ADDRESS <u>Wright City, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Monstrosity per excessum</u>		INTERVAL BETWEEN ONSET AND DEATH <u>at birth</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <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) (COUNTY) (STATE) <u>750x</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 Aug 3, 1951 to Aug 3, 1951, that I last saw the deceased alive on Aug 3, 1951, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Alford W. MacRae D.O.</u> (Degree or title)		23b. ADDRESS <u>Warrenton, Mo.</u>		23c. DATE SIGNED <u>8-4-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8/4/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Indian Camp Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Wright City, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Neuburg & Co</u>		ADDRESS <u>Wright City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 4 1951</u>		REGISTRAR'S SIGNATURE <u>Floyd Lagan</u> 421			

File No. _____
DISTRICT HEALTH OFFICE No. 4

AUG 1 0 1951

RECEIVED

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.

Body Not Embalmed ..

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.