No. 300
10.48

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

FILED AUG 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26454

BIRTH NO. 54466-51 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 210

1. PLACE OF DEATH
a. COUNTY Cole Co 0264
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jefferson City. ~~Jefferson~~
c. LENGTH OF STAY (in this place) 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Marys Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Moniteau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Walker 0680
d. STREET ADDRESS (If rural, give location) Rt # 3. California, Mo

3. NAME OF DECEASED (Type or Print)
a. (First) James
b. (Middle) Charles
c. (Last) Meyer

4. DATE OF DEATH (Month) Aug (Day) 12 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) —
8. DATE OF BIRTH Aug. 9. 1951
9. AGE (In years last birthday) —
IF UNDER 1 YEAR: Months —; Days 3
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Moniteau Co Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles Meyer
13b. MOTHER'S MAIDEN NAME Opal May Medlin
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Charles W Meyer
ADDRESS Rt 3 Cal. Mo

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) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 3 days

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 776X
20. AUTOPSY? YES ☒ NO ☐

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 9, 1951, *to* Aug. 12, 1951, *that I last saw the deceased alive on* Aug. 12, 1951, *and that death occurred at* 3:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE John D. Dennett, M.D. (Degree or title)
23b. ADDRESS Jefferson City, Mo.
23c. DATE SIGNED 8-12-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8/13/51
24c. NAME OF CEMETERY OR CREMATORY Catholic Cemt.
24d. LOCATION (City, town, or county) California. (State) Mo

DATE REC'D BY LOCAL REG. Aug 13-1951
REGISTRAR'S SIGNATURE R. P. Dorris MD LOR.
25. FUNERAL DIRECTOR'S SIGNATURE Earl Bowlin
ADDRESS California Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8-29-51
DISTRICT HEALTH OFFICE No. 3
District File Number 1
Date Filed 8-29-51

not embalmed

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 .....

..... working under my personal supervision.

Student Embalmer No. .....

Signed .....
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.