

FILED NOV 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32546

State File No.

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

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5711 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>	
b. CITY (If outside corporate limits, write R.U.R. and give township) OR TOWN <u>rural Liberty</u>		c. CITY (If outside corporate limits, write R.U.R. and give township) OR TOWN <u>rural Liberty Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Hahn, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Near Hahn, Mo. 0090</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTHUR</u> b. (Middle) <u>AMEIL</u> c. (Last) <u>MEYERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 20, 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 14, 1869</u>
9a. USUAL OCCUPATION (Give kind of work denoting most of working life, even if retired) <u>retired farmer</u>		9b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years last birthday) if UNDER 1 YEAR: Months <u>82</u> Days <u>8</u> if UNDER 1 HR. Hours <u>6</u> Min. _____
10a. FATHER'S NAME <u>Not known</u>		10b. MOTHER'S MAIDEN NAME <u>Not known</u>	11. BIRTHPLACE (State or foreign country) <u>Alabama</u>
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		12. SOCIAL SECURITY NO. <u>none</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13. 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, asthma, etc. It means the disease, injury, or complication which caused death.		14. NAME OF HUSBAND OR WIFE <u>Mattie Meyers</u>	
15. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mattie Meyers</u> ADDRESS <u>Hahn, Mo.</u>	
16. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerotic cardiovascular disease.</u>		18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>9 hours</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. ACCIDENT (Specify) <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4221</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>November 10, 1950</u> , to <u>Oct. 20, 1951</u> , that I last saw the deceased alive on <u>Oct. 20, 1951</u> , and that death occurred at <u>2:15 A. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Everette L. Price D. O.</u>		23b. ADDRESS <u>Luttwille, Mo.</u>	
23c. DATE SIGNED <u>10/20/51</u>		23d. ADDRESS _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 21, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Union Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Hahn, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 29-51</u>		REGISTRAR'S SIGNATURE <u>Willie Vandenberg</u> ADDRESS _____	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd S. Morgan</u>		ADDRESS <u>Adrian, Mo.</u>	

RECEIVED

NOV 8 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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.....

Lloyd S. Morgan

working under my personal supervision.

Student Embalmer No.....

Signed.....

Lloyd S. Morgan

Signed.....

Student Embalmer

Licensed Embalmer No. *3361*

P. O. Address *Advent Mt.*

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.