

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21332

State File No. ....

JUN 30 1952

BIRTH NO. ... REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 8048 Registrar's No. 159

0742

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

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Holt</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maryville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Benton Twp.</b>	
c. LENGTH OF STAY (In hospital) <b>10 hrs.</b>		d. STREET ADDRESS (If rural, give location) <b>4 mi. North of Mound City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hosp.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Mary</b>	b. (Middle) <b>Virginia</b>	c. (Last) <b>Meyer</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 19, 1952</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 7, 1891</b>	9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>In the home</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Hampton Price</b>	13b. MOTHER'S MAIDEN NAME <b>India Johnson</b>	14. NAME OF HUSBAND OR WIFE <b>Dwight Meyer</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Dwight Meyer</b>	ADDRESS <b>Mound City, Missouri</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>4 P.M.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute coronary occlusion</b>		
	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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 6-19, 1952 to 6-19, 1952, that I last saw the deceased alive on 6-19, 1952, and that death occurred at 5 P.M., from the causes and on the date stated above.

23a. SIGNATURE <b>H.C. Bauman M.D.</b> (Degree or title)	23b. ADDRESS <b>1316 Main Maryville Mo</b>	23c. DATE SIGNED <b>6-21-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6/22/1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mount Hope Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Mound City, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>6-28-52</b>	REGISTRAR'S SIGNATURE <b>Kess Holt</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>James H. Crawford</b>	ADDRESS <b>Mound City, Mo</b>
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**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 *James H Crawford* \_\_\_\_\_

Licensed Embalmer No. *4796* \_\_\_\_\_

P. O. Address *Mound 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.