S. No. 300
. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32342

FILED SEP 18 1952

BIRTH NO. _____ REG. DIST. NO. 221 PRIMARY REG. DIST. NO. 4331 Registrar's No. 37

1. PLACE OF DEATH
a. COUNTY: Moniteau County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jamestown Twp
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

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): Jamestown 0650
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Arthur
b. (Middle): Bismark
c. (Last): Meyer

4. DATE OF DEATH (Month) (Day) (Year): Sept. 12 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Mar. 19 - 1870
9. AGE (In years last birthday): 82 — If under 1 year: Months 5, Days 23 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Banking
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Moniteau County
12. CITIZEN OF WHAT COUNTRY?: No U.S.A.

13a. FATHER'S NAME: W. F. Meyer
13b. MOTHER'S MAIDEN NAME: Catherine Weber
14. NAME OF HUSBAND OR WIFE: Mary Meyer

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.: SS-496-18-5242
17. INFORMANT'S SIGNATURE OR NAME: Dwight Meyer
ADDRESS: St Louis 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): Cerebral Thrombosis — 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): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 332 X
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): Jamestown Moniteau Mo.
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* 1-27, 1952 *to* 9-11, 1952 *that I last saw the deceased alive on* 9-11, 1952 *and that death occurred at* 3 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. S. Fulks MD (Degree or title)
23b. ADDRESS: California Mo
23c. DATE SIGNED: 9-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-14-1952
24c. NAME OF CEMETERY OR CREMATORY: Masonic Cemetery
24d. LOCATION (City, town, or county) (State): California Mo.

DATE REC'D BY LOCAL REG.: Sept 16-52
REGISTRAR'S SIGNATURE: Gada M Brown
25. FUNERAL DIRECTOR'S SIGNATURE: Hugh E Williams
ADDRESS: California Mo

(Licensed Embalmer's Statement on Reverse Side) [redacted]

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 Hugh E Williams

Licensed Embalmer No. 3537

P. O. Address California 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.