

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37340**

FILED NOV 10 1952

BIRTH NO. _____ REG. DIST. NO. **1323** PRIMARY REG. DIST. NO. **4474** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY SALINE			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY SALINE		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sweet Springs, Mo		c. LENGTH OF STAY (in this place) 1 yr	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sweet Springs		9970
d. FULL NAME OF HOSPITAL OR INSTITUTION 106 PATRICK ST			d. STREET ADDRESS (If rural, give location) 106 PATRICK ST		

3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) H. c. (Last) Meyer			4. DATE OF DEATH (Month) (Day) (Year) Nov 6 1952		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Aug 13, 1891	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Henry C. Meyer		13b. MOTHER'S MAIDEN NAME BERTHA Meyer		14. NAME OF HUSBAND OR WIFE Edna Meyer	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Edna Meyer Sweet Springs Mo.		
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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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral embolism				INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cerebral metastatic ca DUE TO (c) primary bronchogenic ca				
	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 162X		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)	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 **March, 1951**, to **6 Nov, 1952**, that I last saw the deceased alive on **6 NOV, 1952**, and that death occurred at **3:28 m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ralph H Jones M.D.	23b. ADDRESS Sweet Springs, Mo	23c. DATE SIGNED 8 Nov 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Nov 9 1952	24c. NAME OF CEMETERY OR CREMATORY Fairview cemetery	24d. LOCATION (City, town, or county) (State) Sweet Springs Missouri
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DATE REC'D BY LOCAL REG. 11/8/52	REGISTRAR'S SIGNATURE Dalby Andrew	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edgar L. Mosley, Sweet Springs Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

0970

APR 21 1955

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 Edgar L. Moseley
Licensed Embalmer No. 4711

P. O. Address Sweet Springs 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.