

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 19 1954

BIRTH NO. _____		REG. DIST. NO. <u>37</u>		PRIMARY REG. DIST. NO. <u>4049</u>		Registrar's No. <u>31</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Centralia</u>		c. LENGTH OF STAY (in this place) <u>1</u>		c. CITY OR TOWN <u>Jefferson City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hulen Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>0267</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Euthaia</u> b. (Middle) <u>Mildred</u> c. (Last) <u>Dallmeyer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 15, 1954</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 12, 1894</u>		9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>3</u>	IF UNDER 4 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Clifton Hill, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John J. McCully</u>			13b. MOTHER'S MAIDEN NAME <u>Bertha Terry</u>		14. NAME OF HUSBAND OR WIFE <u>M.A. Dallmeyer</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Joe Hulen, Centralia, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchiopneumonia, R.L.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular Disease</u> DUE TO (c) <u>Generalized arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		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>Oct 10</u> , 19 <u>54</u> , to <u>Oct 15</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Oct 14</u> , 19 <u>54</u> , and that death occurred at <u>5:10 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert L. Ward, M.D.</u>				23b. ADDRESS <u>Centralia, Mo.</u>		23c. DATE SIGNED <u>Oct 15, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 16-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverside Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Oct 15-1954</u>		REGISTRAR'S SIGNATURE <u>Maud McBride</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bill Co. Meador Centralia, Missouri</u>			

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

NOV 26 1933

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.....
Signature of Student Embalmer

Signed *Bill G. Meador*.....

Licensed Embalmer No. *4870*

P. O. Address *Centralia, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.