FILED OCT 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34139

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 5818 Registrar's No. 54

1. PLACE OF DEATH
a. COUNTY: MORGAN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL MOREAU
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): 10 MILES EAST OF VERSAILLES

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MORGAN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL
d. STREET ADDRESS (If rural, give location): 10 MILES EAST OF VERSAILLES

3. NAME OF DECEASED (Type or Print): a. (First) SAMUEL b. (Middle) H. c. (Last) MEINERSHAGEN

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 30 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JULY 17 1876

9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 2 Days 13 — IF UNDER 1 HR.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARM

10b. KIND OF BUSINESS OR INDUSTRY: FARM

11. BIRTHPLACE (State or foreign country): HIGGINSVILLE MO.

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: CHARLES MEINERSHAGEN

13b. MOTHER'S MAIDEN NAME: ANNA HACKMAN

14. NAME OF HUSBAND OR WIFE: HANNAH MEINERSHAGEN

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.: NONE

17. INFORMANT'S SIGNATURE OR NAME: H.K. WELPMAN — ADDRESS: STOVER 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) Coronary Occlusion & myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 10 MOS.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) 4201

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 ☐ 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):

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* Jan 4, 1955, *to* Sept 30, 1955, *that I last saw the deceased alive on* Sept 27, 1955 *and that death occurred at* 4:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jack Gunn MD

23b. ADDRESS: Versailles, Mo.

23c. DATE SIGNED: Oct 4, 1955

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: OCT 2 1955

24c. NAME OF CEMETERY OR CREMATORY: STOVER CEMETERY

24d. LOCATION (City, town, or county) (State): STOVER MO

DATE REC'D BY LOCAL REG.: 10-6-55

REGISTRAR'S SIGNATURE: J L Waite

25. FUNERAL DIRECTOR'S SIGNATURE: J. L. Sherman — ADDRESS: Stover Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 J. R. Stevenson

Licensed Embalmer No. 4073

P. O. Address Flower Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.