

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9693

State File No. _____

FILED APR 9 - 1956

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>179</u> | | PRIMARY REG. DIST. NO. <u>5667</u> | | Registrar's No. <u>47</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>LINCOLN</u> | | | |
| b. CITY OR TOWN <u>Rural-Bedford</u> | | c. LENGTH OF STAY (in this place) <u>7 hrs.</u> | | c. CITY OR TOWN <u>Winfield</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lincoln Co. Mem. Hosp.</u> | | | | e. STREET ADDRESS (If rural, give location) <u>West edge of town</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ELMER</u> | | b. (Middle) <u>HENRY</u> | | c. (Last) <u>MEIER</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 24, 1956</u> | |
| 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u> | | 8. DATE OF BIRTH <u>1-16-1917</u> | |
| 9. AGE (In years last birthday) <u>39</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>assembly line</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>FORD MOTOR CO.</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>WINFIELD, MO</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>Henry Meier</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARY Spielhagen</u> | | 14. NAME OF HUSBAND OR WIFE _____ | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> | | 16. SOCIAL SECURITY NO. <u>497-01-3987</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Henry Meier - Winfield, Mo.</u> ADDRESS _____ | | | |
| 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, assthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Broncho-Pneumonia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>7 hours</u> <u>5 days</u> | |
| 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) (Minute) _____ | |
| 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>March 20, 1956</u> , to <u>March 24, 1956</u> that I last saw the deceased alive on <u>March 24, 1956</u> and that death occurred at <u>8:45 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Frank L. Sutton</u> (Degree or title) <u>D.O.</u> | | | | 23b. ADDRESS <u>Winfield, Mo.</u> | | 23c. DATE SIGNED <u>4/2/56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>3-27-56</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>BAPTIST</u> | | 24d. LOCATION (City, town, or county) (State) <u>Winfield, Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>April 7-56</u> | | REGISTRAR'S SIGNATURE <u>Emmanuel Riddle</u> | | 25. TUNERAL DIRECTOR'S SIGNATURE <u>Charles E. Elsberry</u> ADDRESS <u>ELSBERRY, MO</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

APR 10 1937

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 *O. Galbraith*

Licensed Embalmer No. 4012

P. O. Address *Elstberry, N*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.