No. 300
10.48

FILED APR 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12810
State File No.

BIRTH NO. REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 4168 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY: DeKalb
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maysville
c. LENGTH OF STAY (In this place): 2 Yrs,
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home, in town

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo,
b. COUNTY: DeKalb
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maysville
d. STREET ADDRESS (If rural, give location): C

3. NAME OF DECEASED (Type or Print)
a. (First): Lena
b. (Middle):
c. (Last): Meyerdirk

4. DATE OF DEATH (Month) (Day) (Year): 4 - 6 - 56

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July, 22. 1878
9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): Ill,
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Matt Kepper
13b. MOTHER'S MAIDEN NAME: Anna Kemmers
14. NAME OF HUSBAND OR WIFE: None

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: George Meyerdirk
ADDRESS: Maysville 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 Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES

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

DUE TO (b) Hypertension — 10 yrs?

DUE TO (c)

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: 331X
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* June, 1955 *to* April 6, 1956 *that I last saw the deceased alive on* April 6, 1956 *and that death occurred at* 9:05 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr Harold Fowler MD
23b. ADDRESS: Maysville Mo
23c. DATE SIGNED: 4/7/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-8-56
24c. NAME OF CEMETERY OR CREMATORY: Milford Ia,
24d. LOCATION (City, town, or county) (State): Milford Ia,

DATE REC'D BY LOCAL REG.: 4-10-56
REGISTRAR'S SIGNATURE: Rosie Dawson
25. FUNERAL DIRECTOR'S SIGNATURE: John Brown
ADDRESS: Maysville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 John Brown

Licensed Embalmer No. 3933

P. O. Address Maysville 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.