

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27808

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>321</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Pettis</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>Monteau</u>	
c. LENGTH OF STAY (In this place) <u>1 year</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>California</u>		d. STREET ADDRESS (If rural, give location) <u>6681</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Rest Home</u>				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>LAWISE</u>	b. (Middle) <u>MARGARET</u>	c. (Last) <u>MEYER</u>	(Month) <u>Aug</u>	(Day) <u>22</u>	(Year) <u>1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>March 10, 1882</u>		9. AGE (In years last birthday) <u>74</u>	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) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>Monteau Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles Hoepflinger</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Schwader</u>		14. NAME OF HUSBAND OR WIFE <u>Fannie Meyer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. E. Lehman</u> ADDRESS <u>California Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>	ANTECEDENT CAUSES					1 wk.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) <u>Generalized Atherosclerosis</u>						
	DUE TO (c) _____						
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death. <u>inanition</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
		332X					
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) (m.)		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>Mar</u> , 1956, to <u>Aug 22</u> , 1956, that I last saw the deceased alive on <u>Aug 22</u> , 1956, and that death occurred at <u>10 A.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Alvin L. Lowe M.D.</u>				23b. ADDRESS <u>Sedalia, Mo</u>		23c. DATE SIGNED <u>8-22-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8-24-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical</u>		24d. LOCATION (City, town, or county) (State) <u>California Mo.</u>		
DATE REC'D BY LOCAL REG. <u>8-22-56</u>		REGISTRAR'S SIGNATURE <u>Maria Wong, Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>G. E. Wilson</u>		ADDRESS <u>California, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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2510

AUG 29 1958

**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.

Signed A. E. Wilson

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2351

P. O. Address California, Me

**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.