

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34665**

FILED OCT 29 1956

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5665 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Salem Township</u>		c. CITY OR TOWN <u>EWING</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>12 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>Salem Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ollie</u> b. (Middle) _____ c. (Last) <u>Meyer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 23 1956</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>CAUC</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>28 Nov 1876</u>		9. AGE (In years last birthday) <u>79</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 1 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Golden, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY			

13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE	
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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.		17. INFORMANT'S SIGNATURE OR NAME <u>Ollie K. Meyer</u> 808 E ADDRESS <u>445 Pl. GARY, IND.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		<u>anemia profound</u>			
ANTECEDENT CAUSES * This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>w. th. Aplastic type</u>			
		DUE TO (c) <u>marrow</u>			
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) <u>2924</u>	
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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?	
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22. I hereby certify that I attended the deceased from July 1956, to 23 Oct, 1956, that I last saw the deceased alive on 21 Oct, 1956, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John W. Wills, M.D.</u>		23b. ADDRESS <u>Lewistown Mo</u>		23c. DATE SIGNED <u>24 Oct 56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Oct. 26, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Palmyra</u>	
				24d. LOCATION (City, town, or county) (State) <u>Palmyra Marion co., Mo</u>	

DATE REC'D BY LOCAL REG. <u>10-25-'56</u>		REGISTRAR'S SIGNATURE <u>P. W. Jennings, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Ball, Ewing, Mo</u>	
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E. L.
(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.....
Signature of Student Embalmer

Signed..... *Thomas Ball*

Licensed Embalmer No. *1744*

P. O. Address *Ewing, 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.