

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37443**

FILED NOV 19 1956

BIRTH NO. _____		REG. DIST. NO. 82		PRIMARY REG. DIST. NO. 3017		Registrar's No. 150	
1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone			
b. CITY (If outside corporate limits, write RURAL and give town) Boonville		c. LENGTH OF STAY (in this place) 1 Day		c. CITY OR TOWN Rocheport		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 St. Joseph Hospital.				STREET ADDRESS (If rural, give location) R.F.D. 2100			
3. NAME OF DECEASED a. (First) Florence b. (Middle) Strickfadden c. (Last) Meyer			4. DATE OF DEATH (Month) (Day) (Year) November 15 1956				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH January 4 1906	
9. AGE (In years last birthday) 50		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 Own home		11. BIRTHPLACE (City and State or Foreign Country) Pilot Grove, Missouri.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Leopold Strickfadden			13b. MOTHER'S MAIDEN NAME Lena Snyder		14. NAME OF HUSBAND OR WIFE August F. Meyer.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS August F. Meyer, Rocheport, 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) MYOCARDIAL INSUFFICIENCY WITH PULMONARY CONGESTION. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) AORTIC STENOSIS DUE TO (c) RHEUMATIC HEART DISEASE				INTERVAL BETWEEN ONSET AND DEATH 100 WEEKS 20 YEARS 20 YEARS	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 Nov. 13 , 19 56 , to Nov. 15 , 19 56 , that I last saw the deceased alive on Nov. 15 , 19 56 , and that death occurred at 10:45 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE [Signature] (Degree or title)				23b. ADDRESS 329 Main St., Boonville, Mo.		23c. DATE SIGNED Nov. 16, 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 17 1956		24c. NAME OF CEMETERY OR CREMATORY Catholic		24d. LOCATION (City, town, or county) (State) Boonville, Missouri.	
DATE REC'D BY LOCAL REG. 11/17/56		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller, Boonville, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 1 1969

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... *William H. Wood*

Licensed Embalmer No... 4539.

P. O. Address. Boonville, ..I

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.