

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only standard nomenclature in item 18. If symptoms are not described, Coroner cannot certify to a death due to natural causes.

FILED JAN 17 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2372  
STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Waynesville, Mo.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Waynesville, Mo.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>None.</b>		Length of stay in lb <b>X</b>	d. STREET ADDRESS (If outside, give location) <b>Rural Rt. # 2.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Edward</b> Middle <b>Ernest</b> Last <b>Meier</b>			4. DATE OF DEATH Month <b>1</b> Day <b>8</b> Year <b>1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 23, 1911</b>	9. AGE (In years last birthday) <b>45</b> IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mechanic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None.</b>	11. BIRTHPLACE (City and state or country) <b>Jefferson City, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Edwin Meier</b>			14. MOTHER'S MAIDEN NAME <b>Heneritta Kay Miller.</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>402-27-1812</b>		17. INFORMANT Address <b>Mary Evelyn Meier Waynesville, Mo</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Asphyxiation</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>BURNING OF VEHICLE</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>Vehicle was burned</b>			
20c. TIME OF INJURY Hour <b>10:30</b> a. m. _____ p. m. _____ Month <b>1</b> Day <b>8</b> Year <b>57</b>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>WAYNESVILLE Pulaski MO</b>	
21. I attended the deceased <b>10:30</b> on <b>Jan. 8, 1957</b> , to _____ and last saw her <b>him</b> alive on _____ Death occurred at <b>10:30</b> P.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>John Hedges</b> County Coroner			22b. ADDRESS <b>Richland, Missouri</b>		22c. DATE SIGNED <b>1/9/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1/11/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Goodall Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Arlington, Mo Rural.</b>
24. FUNERAL DIRECTOR <b>Hedges Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>Mo. 1-11-57</b>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

(Licensed Embalmer's Statement on Reverse Side)

Date Filed 1-11-57  
File Number 3  
County Health Officer  
RECEIVED 1-12-57

RECEIVED  
1-12-57

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 *Clarence Thross*

Licensed Embalmer No.....

P. O. Address.....

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