

5. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 6 1952

State File No. 2071

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <i>Moniteau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Moniteau</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>California</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>California</i> 0681	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <i>Sou. Belle</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Home California Mo</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Charles</i> b. (Middle) <i>W</i> c. (Last) <i>Meyer</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Jan 28 1952</i>		
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5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>Mar 27 1865</i>		9. AGE (In years last birthday) <i>86</i> IF UNDER 1 YEAR Months <i>10</i> Days <i>1</i> IF UNDER 24 HRS. Hours <i>1</i> Min.		
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Philadelphia</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
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13a. FATHER'S NAME <i>Jacob Meyer</i>		13b. MOTHER'S MAIDEN NAME <i>Elizabeth Schaffer</i>		14. NAME OF HUSBAND OR WIFE <i>Sarah Meyer</i>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>Walter Orr</i> ADDRESS <i>California Mo</i>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Hypertension with Myocardial Degeneration</i> INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			
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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) <i>California Moniteau Mo</i>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 *May 22, 1951*, to *Jan 27, 1952*, that I last saw the deceased alive on *Jan 27, 1952* and that death occurred at *5 a. m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>R.S. Juhnke M.D.</i> (Degree or title)		23b. ADDRESS <i>California, Mo</i>		23c. DATE SIGNED <i>1-28-52</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>0</i>		24b. DATE <i>1-30-52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Masonic Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>California Mo</i>	
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DATE REC'D BY LOCAL REG. <i>1-30-52</i>		REGISTRAR'S SIGNATURE, <i>H.R. Popejoy L R O</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Hugh E William</i> ADDRESS <i>California Mo</i>	
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(Licensed Embalmer's Statement on Reverse Side)

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

1681

RECEIVED FEB 5 1952

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed FEB 5 1952

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Hugh E. Hillman*

Licensed Embalmer No. *3537*

P. O. Address *California 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.