

FILED JUN 9 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17548

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>3046</u>		Registrar's No. <u>32</u>	
1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California, Mo Walker</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California, Mo Walker</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gen Del. California, Mo</u>				d. STREET ADDRESS (If rural, give location) <u>Gen Del. California, Mo</u>			
3. NAME OF DECEASED (Type or Print) <u>Emma</u>		a. (First)		b. (Middle) <u>Carolina</u>		c. (Last) <u>Zoy</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>Feb. 2. 1884</u>	
9. AGE (In years last birthday) <u>66</u>		10. MONTH <u>3</u>		11. YEAR <u>18</u>		12. IF UNDER 18 HRS. <u>Min.</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 <u>Own Home</u>			
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Carl W. Meusch</u>				13b. MOTHER'S MAIDEN NAME <u>Carolina Kuhn</u>			
14. NAME OF HUSBAND OR WIFE							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Leta Mae Schick, Jr.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of womb</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH <u>7 months</u>  <u>174X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		21. ACCIDENT SUICIDE HOMICIDE (Specify)			
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>California Moniteau Cal</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>May 19 1950</u>			
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>June 1, 1944</u> , to <u>May 20, 1950</u> , that I last saw the deceased alive on <u>May 19, 1950</u> , and that death occurred at <u>3 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Date or title) <u>Dr. D. L. O. California</u>				23b. ADDRESS		23c. DATE SIGNED <u>5/22/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/22/1950</u>		24c. NAME OF CEMETERY OR CREMATORY, <u>Evangelical Cent.</u>		24d. LOCATION (City, town, or county) (State) <u>California, Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-23-50</u>		REGISTRAR'S SIGNATURE <u>H. R. Popejoy</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. A. Boulton California</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0681

0681

5770

RECEIVED  
JUN 6 1960  
District Health Officer No. 9,  
District File Number \_\_\_\_\_

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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 Earl R. Bouchin

Licensed Embalmer No. 2126

P. O. Address California

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.