

FILED NOV 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35041

State File No.

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

0930

BIRTH NO. _____ REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4456 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Bates St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Osceola</u> c. LENGTH OF STAY (In this place) <u>16 da</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rockville, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ellott Mem. Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>0020,</u>	
3. NAME OF DECEASED a. (First) <u>MARY</u> b. (Middle) <u>ALTHIER</u> c. (Last) <u>MEYER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 3 - 54</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 15 - 1870</u>
9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	11. BIRTHPLACE (State or foreign country) <u>Hannock Co., Ill.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Charles Walker</u>		13b. MOTHER'S MAIDEN NAME <u>Stuvia Marshall</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bert Meyer, Rockville Mo.</u> ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cd of Lung</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized arteriosclerosis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>163 X</u>	20. AUTOPSY? YES <input 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) m.	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>Aug</u> , 19 <u>52</u> , to <u>Nov</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Nov 3</u> , 19 <u>54</u> , and that death occurred at <u>11:54</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>R. A. Shickman MD</u> (Degree or title)		23b. ADDRESS <u>Appleton City, Mo.</u>	23c. DATE SIGNED <u>Nov. 5 54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 6 - 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Meyer Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rockville Mo.</u>
DATE REC'D BY LOCAL REG. <u>Nov. 2, 1954</u>	REGISTRAR'S SIGNATURE <u>Chas. Abney</u> 285	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bevan Esthoff</u> ADDRESS <u>Appleton City, Mo.</u>	

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
Student Embalmer

Signed Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton City

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.