

FILED MAY 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12872

State File No.

BIRTH NO. _____ REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 4182 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admittance). a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Haven Beouf	c. LENGTH OF STAY (in this place) Entire life	c. CITY OR TOWN New Haven Mo.	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		e. STREET ADDRESS (If rural, give location) 03005	

3. NAME OF DECEASED (Type or Print) a. (First) RUTH b. (Middle) ANNA c. (Last) MEYER			4. DATE OF DEATH (Month) (Day) (Year) April 25 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 9th 1929	9. AGE (In years last birthday) 27	10. IF UNDER 1 YEAR Days 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) New Haven Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Oscar Scheer	13b. MOTHER'S MAIDEN NAME Mathilda Pelster	14. NAME OF HUSBAND OR WIFE Clarence Meyer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Clarence Meyer New Haven Mo.</i>	ADDRESS <i>Miss.</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 yrs.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Melanoma		ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (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.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 190X	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)
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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?
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22. I hereby certify that I attended the deceased from Mar. 20, 1956, to April 25, 1956, that I last saw the deceased alive on April 25, 1956, and that death occurred at 10:20A.m., from the causes and on the date stated above.

23a. SIGNATURE <i>W. H. Held</i>	(Degree or title) D.O.	23b. ADDRESS New Haven, Missouri	23c. DATE SIGNED 4/27/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-28-1956	24c. NAME OF CEMETERY OR CREMATORY Trinity Lutheran	24d. LOCATION (City, town, or county) (State) New Haven Mo.
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DATE REC'D BY LOCAL REG. 4/28/56	REGISTRAR'S SIGNATURE <i>Nettie Murphy</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>L. C. Curtis & Son</i>	ADDRESS New Haven, Mo.
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(Licensee's Embalmer's Statement on Reverse Side)

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

MAY 22 1956

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 *J. M. ...*, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Earl C. Gentry*

Licensed Embalmer No. *331*

P. O. Address *New Haven*

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.