

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5381

STATE FILE NUMBER

FILED FEB 18 1957

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 22

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY		Lawrence		a. STATE		Missouri	
b. CITY (If outside corporate limits, give TOWNSHIP only)		Autora		b. COUNTY		Lawrence	
c. FULL NAME OF (If NOT in hospital, give location)		Autora Hospital		c. CITY OR TOWN		La Russell 0551 0	
Length of stay in lb				d. STREET ADDRESS (If outside give location)		Reside on Farm	
HOSPITAL OR INSTITUTION				R.I.P. #1		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First		Middle		Last		Month Day Year	
Earl				Meister		2-2-1957	
5. SEX	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
Male	White	WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	10-25-1912	44	Months 3	Days 8	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY?	
Farmer				Lawrence Co. Mo.		U.S.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
Gus Meister				Esther Myster			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address			
No		None		691-42-9377		Leo Holbey La Russell Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)				INTERNAL BETWEEN ONSET AND DEATH			
Renal Failure				1 yr.			
Hypertension, Renal Hypoplastic Rt. Kidney				1 yr.			
Renal Calcinoses - Lt.				1 yr.			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)				602X			
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY		Hour Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/>		NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from		6/9/36		to 2/1/57		and last saw him alive on 2/1/57	
Death occurred at		2 nd St		A. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title)				22b. ADDRESS		22c. DATE SIGNED	
Kenneth Glover M.D.				Mt. Vernon, Mo.		2/9/57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Burial		2-4-1957		Red Oak		N.M. of Miller, Mo.	
24. FUNERAL DIRECTOR ADDRESS				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE	
Monnie Reiman, Miller, Mo.				2/14/1957		Ora Mc Nett	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms may be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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, Student Embalmer No. working under my personal supervision..

Student,
Signature of Student Embalmer

Signed *R. R. Luman*,
Licensed Embalmer No. 32

P. O. Address *Miller*

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.