

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31256**

FILED SEP 30 1957

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **114**

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY OR TOWN Boonville Mo	c. LENGTH OF STAY (in this place) 2 yrs	c. CITY OR TOWN Boonville	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 1008 Third St.		No. STREET ADDRESS (If rural, give location) 1008 Third St. 0310	

3. NAME OF DECEASED (Type or Print) **DAN-JOHN-MEYER**

4. DATE OF DEATH (Month) **Sept.** (Day) **24** (Year) **1957**

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 21, 1885	9. AGE (In yrs) 71 if UNDER 1 YEAR Months - Days - Hours - Mins. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY same	11. BIRTHPLACE (City and State or Foreign Country) Pilot Grove, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME **Laura Meyer** 13b. MOTHER'S MAIDEN NAME **Mary Martin** 14. NAME OF HUSBAND OR WIFE **Lucy Meyer**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) **no**

16. SOCIAL SECURITY NO. **489-38-0831**

17. INFORMANT'S SIGNATURE OR NAME **Mrs. Lucy Meyer** ADDRESS **Boonville Mo**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Pyelonephritis, chronic due to pyelonephrosis**

ANTECEDENT CAUSES DUE TO (b) **15 years**

*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 DUE TO (c) **Residual left hemiplegia due to cerebral hemorrhage**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **None.** 20. AUTOPSY? **2** YES NO

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) **600.0** (COUNTY) _____ (STATE) _____

21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **2-12, 1955**, to **9/24**, 1957, that I last saw the deceased alive on **9/21**, 1957, and that death occurred at **8:30** p.m., from the causes and on the date stated above.

23a. SIGNATURE **William A. Abela** (Degree or title) **MD** 23b. ADDRESS **329 Main St, Boonville, Mo** 23c. DATE SIGNED **9/26/57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Buried** 24b. DATE **Sept. 26, 57** 24c. NAME OF CEMETERY OR CREMATORY **Pennacola Cemetery** 24d. LOCATION (City, town, or county) **Blackwater, Mo** (State) _____

DATE REC'D BY LOCAL REG. **9/26/57** REGISTRAR'S SIGNATURE **W. Cooper** 25. FUNERAL DIRECTOR'S SIGNATURE **Hayes Painter** ADDRESS **Pilot Grove, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 *Robert L. Fauntleroy*.....

Licensed Embalmer No. *406*.....

P. O. Address *Pilot Grove*.....

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.