Health, & Welfare Public Service

FILED NOV 4 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35066

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 499

1. PLACE OF DEATH a. COUNTY: Cape Girardeau Mo	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau — Inside Limits: Yes [X] No [ ]	c. CITY OR TOWN: Cape Girardeau Mo — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St Francis Hosp — Length of stay in 1b: 28yrs	d. STREET ADDRESS (If outside, give location): 1754 Independence Street — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Kathryn Middle: Christine Last: Myer		4. DATE OF DEATH Month Day Year: Oct, 29. 1957	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: July, 20. 1901
9. AGE (In years last birthday): 56	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife	10b. KIND OF BUSINESS OR INDUSTRY: General	11. BIRTHPLACE (City and state or country): New Hamberg Mo	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: George Huering	13b. MOTHER'S MAIDEN NAME: Josephine Dernberg	14. NAME OF HUSBAND OR WIFE: Louis Myer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 497-18-7923	17. INFORMANT Address: Louis Myer Cape Girardeau Mo.	

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Hemorrhage & Rt. Arm Paralysis — INTERVAL BETWEEN ONSET AND DEATH: 24-36hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. ~~DUE TO~~ (b) Diabetic Coma — 24-36hrs.

~~DUE TO~~ (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes Mellitus. 260X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 Oct. 28th-1957 to Oct. 29-1957 and last saw her alive on Oct. 28-1957. Death occurred at 5:00 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William F. Oehler M.D.	22b. ADDRESS: Cape Girardeau, Mo	22c. DATE SIGNED: 11-1-57	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11/2/57	23c. NAME OF CEMETERY OR CREMATORY: Lorimer Cemt	23d. LOCATION (City, town, or county) (State): Cape Girardeau. Mo
24. FUNERAL DIRECTOR: L L Haman	ADDRESS: Cape Girardeau Mo	25. DATE RECD. BY LOCAL REG.: 11-2-1957	26. REGISTRAR'S SIGNATURE: C. C. Summers

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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AUG 26 1958

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 L. L. Kaman

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau M

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.