

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36643**

FILED OCT 25 1957

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 403

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. CITY OR TOWN Palmyra	
c. LENGTH OF STAY (in this place) 3 months		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 Clark Rest Home, 408 Rock		STREET ADDRESS (If rural, give location) 113A South Main	

3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) Jane c. (Last) Meyer			4. DATE OF DEATH (Month) (Day) (Year) Oct. 16 1957		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 30 Aug. 1877		9. AGE (in years last birthday) 80		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. IF UNDER 1 HRs. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) Memphis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY			

13a. FATHER'S NAME Conway Murray		13b. MOTHER'S MAIDEN NAME Cora Etta Simmeral		14. NAME OF HUSBAND OR WIFE William A. 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. 493-28-3335		17. INFORMANT'S SIGNATURE OR NAME Elmer Meyer, Hannibal, Missouri	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia			INTERVAL BETWEEN ONSET AND DEATH 48 hrs		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Stomach			18 months		
		DUE TO (c) with metastasis to Colon					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive heart disease			15 yrs		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) (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 **Oct. 13, 1957** to **Oct. 16, 1957**, that I last saw the deceased alive on **Oct. 13, 1957**, and that death occurred at **1:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE E.H. Coate, M.D. (Degree or title)		23b. ADDRESS 2412 Centre St. Hannibal, Mo		23c. DATE SIGNED 10/18/57	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 19 Oct. 1957		24c. NAME OF CEMETERY OR CREMATORY St. Boniface Cemetery		24d. LOCATION (City, town, or county) (State) Quincy, Illinois	
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DATE REC'D BY LOCAL REG. 10-18-57		REGISTRAR'S SIGNATURE Dr. E.M. Duckler by H.C. Fisher		25. FUNERAL DIRECTOR'S SIGNATURE Lewis Barthelemy, Quincy, Mo.		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED OCT 22 1957
MARION CO. HEALTH DEPT.
DATE FILED OCT 22 1957

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 *George M. Lewis*

Licensed Embalmer No. 4851

P. O. Address Palmyra, Mo.

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.