

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE OF MISSOURI
40902

FILED DEC 4 - 1957

Registration District No. 16.3 Primary Registration District No. J-598 Registrar's No. 65

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| 1. PLACE OF DEATH a. COUNTY JEFFERSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PLATTIN TOWNSHIP | | c. CITY OR TOWN FESTUS, MO | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ROSE HILL NURSING HOME | | Length of stay in lb 7 DAYS | |
| | | d. STREET ADDRESS 524 N. 3RD. ST. | |
| | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First PETER Middle MEYER Last MEYER | | | 4. DATE OF DEATH Month NOV. Day 25 Year 1957 | | | |
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| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH FEB 15, 1878 | 9. AGE (In years: last birthday) 79 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | 100. KIND OF BUSINESS OR INDUSTRY FARMING | 11. BIRTHPLACE (City and state or country) CLINTON COUNTY ILL. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13. FATHER'S NAME JOHN MEYER | 14. MOTHER'S MAIDEN NAME ELIZABETH 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. 498-22-2823 | 17. INFORMANT ELIZABETH MEYER, FESTUS, MO. |
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| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to, above cause (a), stating the underlying cause last. | DUE TO (b) Generalized arteriosclerosis | |
| | DUE TO (c) | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |
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| 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.) |
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| 20c. TIME OF INJURY Hour 7:35 Month, Day, Year Nov. 19, 1957 a. m. p. m. |
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| 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 FESTUS | COUNTY | STATE MO. |
|---|---|---|--------|---------------------|

21. I attended the deceased from **Feb 7, 1957** to **Nov. 19, 1957** and last saw her/him alive on **Nov. 19, 1957**.
Death occurred at **7:35 A.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

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|---|-------------------|-----------------------------------|-------------------------------------|
| 22a. SIGNATURE Dorothy B. Buehler, MD | (Degree or title) | 22b. ADDRESS Festus, Mo | 22c. DATE SIGNED 11/25/57 |
|---|-------------------|-----------------------------------|-------------------------------------|

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|--|------------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 11-27-57 | 23c. NAME OF CEMETERY OR CREMATORY SACRED HEART CEMETERY | 23d. LOCATION (City, town, or county) (State) FESTUS MO. |
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| 24. FUNERAL DIRECTOR James R. Cady, Crystal City Mo. | ADDRESS 1111 E. 27th St. | 25. DATE RECD. BY LOCAL REG. 12-27-1957 | 26. REGISTRAR'S SIGNATURE Marie Parrine |
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(Licensed Embalmer's Statement on Reverse Side)

S. 300
y. 1-56

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

DEC 2 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 *James Richard Cade*,
Licensed Embalmer No. *43*

P. O. Address *CRYSTAL*

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.