

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-004392  
State File No.

FILED MAR 4 - 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 5066 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pittsburg R.R. 4</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pittsburg</u>	
c. LENGTH OF STAY (in this place) <u>all life</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. 4. Kan.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>L</u>			

3. NAME OF DECEASED a. (First) <u>Robert</u> b. (Middle) <u>William</u> c. (Last) <u>Meyer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 6, 1958</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Mar. 29, 1942</u>		9. AGE (In years last birthday) <u>15</u> If under 1 year Months <u>9</u> Days <u>7</u> If under 1 hour Hours <u>7</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>L</u>		11. BIRTHPLACE (State or foreign country) <u>Pittsburg Kan.</u>	
13a. FATHER'S NAME <u>Joe Meyer</u>			13b. MOTHER'S MAIDEN NAME <u>Janeta Komske</u>		14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>F.G. Meyer - R.R. 4 Pittsburg</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)					

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphoma, mediastinum,</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>type undetermined, c</u> DUE TO (c) <u>Generalized metastases.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>2002</u>		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
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?	

22. I hereby certify that I attended the deceased from 22 Jan, 1958, to 6 Jan, 1958, that I last saw the deceased alive on 6 Jan, 1958, and that death occurred at 2 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>D. H. Wood M.D.</u>		23b. ADDRESS <u>Pittsburg Kansas</u>		23c. DATE SIGNED <u>24 Feb 58</u>	
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24a. BURIAL, CREMATION-REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 8, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Marys.</u>		24d. LOCATION (City, town, or county) (State) <u>Pittsburg Kan</u>	
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DATE REC'D BY LOCAL REG <u>Feb 25 1958</u>		REGISTRAR'S SIGNATURE <u>Charlotte McDowell</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Edward J. Green - Pittsburg Kan</u>		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

*Self*

working under my personal supervision.

Student Embalmer No.....

Signed.....

*Edward J. Guin*

Signed.....

Student Embalmer

Licensed Embalmer No. *3256*

P. O. Address.....

*Patterson, Kans.*

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 this body is not embalmed, fact should be so stated above.