

FILED MAR 25 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-011116

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>62</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Chariton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (In this place) <u>2-Weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Brunswick Twp.</u> <u>10219</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>7-Miles N.E. of Brunswick</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leona</u>		b. (Middle) <u>Letitia</u>		c. (Last) <u>Meyer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 6th, 1958</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 8th, 1885</u>	
9. AGE (In years) (Month) (Day) <u>72</u>		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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (State or foreign country) <u>Holt County, Mo.</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James H. Ousley</u>		13b. MOTHER'S MAIDEN NAME <u>Rosa Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Otto C. Meyer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Meyer, Brunswick, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture Femur, Left</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Parkinson's Disease</u> <u>Senile Dementia</u> DUE TO (c) <u>Cardiovascular renal dis.</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9040 21</u>				INTERVAL BETWEEN ONSET AND DEATH <u>13 days</u>  <u>yes</u> <u>yes</u> <u>yes</u>	
19a. DATE OF OPERATION <u>24 Feb 58</u>		19b. MAJOR FINDINGS OF OPERATION <u>Juxta nail Intertrochanteric Fracture</u>				20. AUTOPSY? 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) <u>0 91</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 20 58 3:00 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall at home.</u>			
22. I hereby certify that I attended the deceased from <u>21 Feb, 1958</u> , to <u>6 Mar, 1958</u> , that I last saw the deceased alive on <u>19 Mar, 1958</u> , and that death occurred at <u>5:30 P.M.</u> , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <u>Joseph L. Cove</u>				23b. ADDRESS <u>Moberly, Mo</u>		23c. DATE SIGNED <u>11 Mar 58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 9th, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lower Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Brunswick, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3/9/58</u>		REGISTRAR'S SIGNATURE <u>Joseph L. Cove</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. D. Grungt, Keytesville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

APR 29 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

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*A. D. Gamm*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3046*

P. O. Address *Key West Fla*

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.