

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9972-58

58-014995

STATE FILE NUMBER

FILED MAY 2 1958

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 129

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion 0640	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		c. CITY OR TOWN Hannibal Palmyra	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Eliz. Hosp.		d. STREET ADDRESS (If outside, give location) Palmyra	

3. NAME OF DECEASED (Type or print) First Jerry Middle William Last Mette			4. DATE OF DEATH Month Feb Day 14 Year 1958		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 12 Days 12 Hours 12 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state, or country) Hannibal Mo	
13. FATHER'S NAME Raymond F. Mette			14. MOTHER'S MAIDEN NAME Rose Marie Gordon		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Raymond F. Mette, Palmyra, Mo.	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) atelectasis		INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Premature Birth		
DUE TO (c) 7625		
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"/>

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.)	
20c. TIME OF INJURY Hour 10 Month Feb Day 14 Year 1958 a. m. p. m.		

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 Palmyra	COUNTY	STATE
21. I attended the deceased from Feb 14, 1958 to Feb 14, 1958 and last saw her alive on Feb 14, 1958 Death occurred at 10 m on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE Donald W. Glussock M.D.		22b. ADDRESS P.O. Box 392, Palmyra	22c. DATE SIGNED 4-22-58	

23a. BURIAL, CREMATION, BURNING (Specify)	23b. DATE 2-15-58	23c. NAME OF CEMETERY OR CREMATORY Grandview Burial Pk.	23d. LOCATION (City, town, or county) Hannibal, Mo.
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24. FUNERAL DIRECTOR Jack Schwegel	ADDRESS Hannibal, Mo.	25. DATE RECD. BY LOCAL REG. 4-24-58	26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke By Mr. C. Fisher
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED MAY 1, 1958
MARION CO. HEALTH DEPT.
DATE FILED MAY 1, 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.....
Licensed Embalmer No.
P. O. Address.....

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.