

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022740

STATE FILE NUMBER

Registration District No. 257 Primary Registration District No. 4391 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY Osage			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. Osage		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Argyle		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Argyle		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home		Length of stay in 1b 67 yrs	d. STREET ADDRESS (If outside, give location) 0760		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Theo Middle George Last Meyer			4. DATE OF DEATH Month June Day 13 Year 1958		
5. SEX Male <input type="checkbox"/>	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 Mar 21, 1891		9. AGE (In years last birthday) 67
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Farming -Carpentering.	11. BIRTHPLACE (City and state or country) Argyle, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Adam Meyer		13b. MOTHER'S MAIDEN NAME Catherine Hammel		14. NAME OF HUSBAND OR WIFE Bernadine Deeken	
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. 494-42-7509		17. INFORMANT Address Mrs. Bernadine Meyer. Argyle, 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) Coronary Thrombosis					INTERVAL BETWEEN ONSET AND DEATH Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					
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 _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE	
21. I seen the deceased was after death to _____ and last saw ^{her} him alive on _____ Death occurred at 7:00 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Edgar Morten Coroner 3		22b. ADDRESS Box 255, Linn, Mo.	
22c. DATE SIGNED 6/13/58					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 16, 1958		23c. NAME OF CEMETERY OR CREMATORY St. Aloysius cemetery	
		23d. LOCATION (City, town, or county) (State) Argyle, Missouri			
24. FUNERAL DIRECTOR Carl Birmingham		ADDRESS Vienna, Mo.		25. DATE RECD. BY LOCAL REG. June 24-1958	
		26. REGISTRAR'S SIGNATURE T. ...			

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

VS AUG 11 1959

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 *M C Birmingham*

Licensed Embalmer No. *3664*
P. O. Address *Vienna*

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.