

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026087
STATE FILE NUMBER

48183 1
FILED JUL 21 1958 Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY JOHNSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY LAFAYETTE	
b. CITY OR TOWN WARRENSBURG, MO Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN BLACKBURN OS40 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MEDICAL CENTER Length of stay in 1b 1 1/2 HRS		d. STREET ADDRESS (If outside, give location) 5 MI. ST W Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last GARY DEAN O MEYER			4. DATE OF DEATH July 15 1958
5. SEX MALE	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 July 15, 1958
9. AGE (In years last birthday) 1		10. F UNDER 1 YEAR 1	11. IF UNDER 24 HRS. 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE	
11. BIRTHPLACE (City and state or country) WARRENSBURG, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME EMIL W. MEYER		13b. MOTHER'S MAIDEN NAME BETTY JEAN LUEDDERT	
14. NAME OF HUSBAND OR WIFE NONE		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. NONE		17. INFORMANT EMIL W. MEYER Address BLACKBURN, 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) Prematurity (5 Months Gestation 2 hours			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			776X
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 Month, Day, Year 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		COUNTY STATE	
21. I attended the deceased from 7-15-58 to 7-15-58 and last saw him alive on 7-15-58 Death occurred at 2:50 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Faith D Jones, MD (Degree or title)		22b. ADDRESS Warrensburg, Mo.	
22c. DATE SIGNED 7-15-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-16-58	
23c. NAME OF CEMETERY OR CREMATORY St. Paul's		23d. LOCATION (City, town, or county) Concordia Mo	
24. FUNERAL DIRECTOR E. S. Johns ADDRESS Concordia, Mo		25. DATE RECD. BY LOCAL REG. July 15, 1958	
26. REGISTRAR'S SIGNATURE Savannah Crutchfield			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Wm* , Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *E. S. Janner*
Licensed Embalmer No. *2058*
P. O. Address *Corvallis*

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.