

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028207

STATE FILE NUMBER 346

FILED AUG 18 1958

Registration District No. 38 Primary Registration District No. 3006 Registrar's No.

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi	
b. CITY OR TOWN Columbia Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Wyatt 0670 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION University Medical Center		d. STREET ADDRESS (If outside, give location) 3 days Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Zack Middle Douglas Last Meyers			4. DATE OF DEATH Month 8 Day 10 Year 58			
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-23-1890	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 4 Days 17	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Madale, Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Lewis Meyers	13b. MOTHER'S MAIDEN NAME Sarah Little	14. NAME OF HUSBAND OR WIFE
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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. 484-01-2670	17. INFORMANT Hospital Chart Address Columbia, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolus		INTERVAL BETWEEN ONSET AND DEATH 1 hour 6 weeks 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Phlebotrombosis, left leg DUE TO (c) Metastatic carcinoma of lung		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 165X		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour Month, Day, Year 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 Columbia COUNTY Mo STATE
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21. I attended the deceased from **Aug 7 1958** to **Aug 10 1958** and last saw her alive on **Aug 10 1958**
Death occurred at **9:31 A** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J.M. Martt M.D. (Degree or title)	22b. ADDRESS Columbia Mo	22c. DATE SIGNED Aug 10 58
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23a. BURIAL, CREMATION, REMOVAL (Specify) 	23b. DATE Aug 10 1958	23c. NAME OF CEMETERY OR CREMATORY Charleston	23d. LOCATION (City, town, or county) (State) Mo
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24. FUNERAL DIRECTOR ME ADDRESS Charleston Mo	25. DATE RECD. BY LOCAL REG. Aug 10 1958	26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 28 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 *J. E. McMichael*
J.E.

Licensed Embalmer No. *11695*

P. O. Address *Charleston, W.V.*

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: