

Health,
& Welfare
Public
Service

S. 300
1-57

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.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031736
STATE FILE NUMBER

FILED SEP 29 1958

1.2986-58 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 431

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | | | |
|---|-----------------------------------|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY BOONE | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY COOPER | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN COLUMBIA | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN BOONVILLE 02720 | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION UNIV. MED. CENTE | | Length of stay in 1b 10 hrs | d. STREET ADDRESS (If outside, give location) 1025 SANTA FE | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last MITCHELL JOSEPH MEYER | | | 4. DATE OF DEATH Month Day Year 9 26 58 | | |
| 5. SEX Male | 6. COLOR OR RACE W-hite | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 9-17-58 | | 9. AGE (In years last birthday) FUNDER 1 YEAR 8 IF UNDER 24 HRS. Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT | | 10b. KIND OF BUSINESS OR INDUSTRY - | 11. BIRTHPLACE (City and state or country) BOONVILLE, Mo | | 12. CITIZEN OF WHAT COUNTRY? US |
| 13a. FATHER'S NAME HERBERT V. Meyer | | 13b. MOTHER'S MAIDEN NAME DOROTHY McLAUGHLIN | | 14. NAME OF HUSBAND OR WIFE - | |
| 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 Address Felix - Herbert Meyer Boonville | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGENITAL HEART DISEASE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) (TRILCULAR HEART, COARCTATION OF AORTA, PATENT DUCTUS ARTERIOSUS) DUE TO (c) SINCE BIRTH | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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 <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 SEPT 25, 1958 to SEPT 26, 1958 and last saw him alive on SEPT 26, 1958 Death occurred at 2:50 a on the date stated above; and to the best of my knowledge, from the cause stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Clemente Brinke MD | | | 22b. ADDRESS Univ. of Missouri Columbia Mo | | 22c. DATE SIGNED 9/26/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 9/27/58 | 23c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery | | 23d. LOCATION (City, town, or county) (State) Boonville, Mo. |
| 24. FUNERAL DIRECTOR Soodman & Bolle Boonville, Mo | | ADDRESS | | 25. DATE RECD. BY LOCAL REG. Sept 28 1958 | 26. REGISTRAR'S SIGNATURE Mrs R E Palomar |

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 Not Embalmed, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed William W. Wood

Licensed Embalmer No. 4539

P. O. Address Bronxville, N.Y.

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.