

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040566
STATE FILE NUMBER

FILED DEC 15 1958

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <u>Barayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) <u>Mrs. Evari Lafayette</u>	
b. CITY OR TOWN <u>Lexington</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Lexington</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lex. Memorial Hosp. 1hr.</u>		Length of stay in 1b	d. STREET ADDRESS <u>916 1/2 Main St.</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>ROY F. MEIRER</u>			4. DATE OF DEATH Month Day Year <u>December 4 1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 6 1889</u>
9. AGE (In years) <u>69</u> (birthday)		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Office work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Court House</u>	11. BIRTHPLACE (City and state or country) <u>Lexington, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Leonard Meirer</u>	
13b. MOTHER'S MAIDEN NAME <u>Emma Viola Burris</u>		14. NAME OF HUSBAND OR WIFE <u>Martha Spruce Meirer</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO.</u>		16. SOCIAL SECURITY NO. <u>492-18-9406A</u>	
17. INFORMANT <u>Mrs. Martha Meirer</u>		Address <u>Lexington, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>			19. INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u>
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) <u>Previous cerebral accident</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
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 WORK <input type="checkbox"/> 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 <u>Dec. 4, 1958</u> , to <u>Dec. 4 1958</u> and last saw ^{her} him alive on <u>Dec. 4 1958</u> Death occurred at <u>10:30 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Joc W Ward M.D.</u> (Degree or title)		22b. ADDRESS <u>Lexington, Mo.</u>	
22c. DATE SIGNED <u>12-6-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec. 8 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Gardens</u>		23d. LOCATION (City, town, or county) (State) <u>Lexington Mo.</u>	
24. FUNERAL DIRECTOR <u>Harold L. Walker</u>		ADDRESS <u>Lexington, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>12-10-58</u>		26. REGISTRAR'S SIGNATURE <u>Wm E Eastbrook</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

DEC 18 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 *Harold L Walker*

Licensed Embalmer No. *4588*

P. O. Address *Lexington, Va*

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.