

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044814

STATE FILE NUMBER

FILED DEC 17 1958 Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <b>LINN</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>CHARITON</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MARCELINE MO</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>BRUNSWICK</b>		0210 0 Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST FRANCIS HOSPITAL 3W.</b>				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <b>5 mi EAST.</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>JOSEPHINE CAROLINE MEYER MANSON</b>				4. DATE OF DEATH Month Day Year <b>12-4-58</b>			
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>DEC-27-1890</b>	
9. AGE (In years last birthday) <b>67</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSEWORK</b>		11. BIRTHPLACE (City and state or country) <b>BRUNSWICK MO.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>				13. FATHER'S NAME <b>CHARLES F. MEYER</b>			
14. MOTHER'S MAIDEN NAME <b>MARK K. KAHLER</b>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>none.</b>			
16. SOCIAL SECURITY NO. <b>none.</b>				17. INFORMANT Address <b>Mr. Henry</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Atherosclerotic Heart Disease</b> <b>Cardiac Decompensation</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <b>4200</b>							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) <b>Raynaud's Vascular Ulcer 12-2-58</b>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> 0
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 <b>11-14-58</b> to <b>12-4-58</b> and last saw her/him alive on _____ Death occurred at <b>10:00 P. M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>John W. ...</b>				22b. ADDRESS <b>Marceline Mo</b>		22c. DATE SIGNED <b>12-9-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>12-6-58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>St Boniface</b>		23d. LOCATION (City, town, or county) (State) <b>BRUNSWICK MO</b>	
24. FUNERAL DIRECTOR <b>L. E. McCurry Brunswick</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>12-11-58</b>		26. REGISTRAR'S SIGNATURE <b>Brookie Owens</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, Welfare Public Service  
300 1-56  
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. Coroner cannot certify to a death due to natural causes.

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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 *L. E. McCarty*.....

Licensed Embalmer No. *489*

P. O. Address *Brunswick*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.