

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000881  
STATE FILE NUMBER

FILED JAN 23 1959

Registration District No. 11c Primary Registration District No. 1182 Registrar's No. 2

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>New Haven</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>New Haven</b> <b>6360</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Louisa C.</b> Middle <b>Meyer</b> Last <b>Meyer</b>			4. DATE OF DEATH Month <b>Jan.</b> Day <b>18,</b> Year <b>1959</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>6-7-1895</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>housekeeping</b>	11. BIRTHPLACE (City and state or country) <b>New Haven Mo.</b>
13a. FATHER'S NAME <b>Frank Blaske</b>		13b. MOTHER'S MAIDEN NAME <b>Louisa Reese</b>	14. NAME OF HUSBAND OR WIFE <b>Henry Meyer</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>486-16-3542A</b>	17. INFORMANT Address <b>Mr. Henry Meyer New Haven Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: <b>Acute myocardial infarction</b> IMMEDIATE CAUSE (a) _____ 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) _____			INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hour</b>
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 _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>1/18/59</b> to <b>died same day</b> and last saw her alive on <b>1/18/59</b> Death occurred at <b>5:30</b> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>B. P. Eisenmann</b> (Degree or title) <b>M. D. C</b>		22b. ADDRESS <b>New Haven, Missouri</b>	
22c. DATE SIGNED <b>1/20/59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1-21-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>New Haven Cemetery</b>
23d. LOCATION (City, town, or county) <b>New Haven Mo.</b>		(State)	
24. FUNERAL DIRECTOR <b>I. C. Fertig &amp; Son New haven Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>1/21/1959</b>	26. REGISTRAR'S SIGNATURE <b>Nettie Murphy</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

1959 FEB 5

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 *Errol O. [Signature]* .....

Licensed Embalmer No. *3385* .....

P. O. Address *New Haven* .....

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.