

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004187
STATE FILE NUMBER

FILED FEB 4 1959 Registration District No. 352 Primary Registration District No. 456193 Registrar's No. 15

300
1-57

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| 1. PLACE OF DEATH a. COUNTY <u>Taney</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Taney</u> | |
| b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <u>Hallister</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN <u>Hallister</u> 1066 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hwy 86</u> | | Length of stay in lb <u>8 yrs.</u> | d. STREET ADDRESS (If outside, give location) <u>Rural</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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|--|------------------------------|---|--|--------------------------------|---|
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Adolph. Max Meyer</u> | | | 4. DATE OF DEATH Month Day Year <u>1-23-59</u> | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</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>11-28-1893</u> | 9. AGE (In years) <u>65</u> | IF UNDER 1 YEAR Months Days Hours Min. |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pharmacist</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Druggist</u> | 11. BIRTHPLACE (City and state or country) <u>Warrenington Kansas</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13. FATHER'S NAME <u>Frank Meyer</u> | 13b. MOTHER'S MAIDEN NAME <u>Bessie Randal</u> | 13c. NAME OF HUSBAND OR WIFE <u>Eulalia Meyer</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>460-443041</u> | 17. INFORMANT <u>Eulalia Meyer</u> Address <u>Hallister MO</u> | |

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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) <u>Coronary thrombosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>instant</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>unknown</u> | | |
| 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>4201</u> | | |

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| 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.) <u>4201</u> | |
| 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 Jan 23-59 to Jan 23-59 and last saw him held on Jan 23, 1959
Death occurred at 8:30 am m on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>Helen Campbell</u> | 22b. ADDRESS <u>Branson Mo.</u> | 22c. DATE SIGNED <u>1-30-59</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>1-26-59</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Park</u> | 23d. LOCATION (City, town, or county) (State) <u>Branson Mo</u> |
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| 24. FUNERAL DIRECTOR <u>Whelchel F. Home</u> | 25. DATE RECD. BY LOCAL REG. <u>1-30-59</u> | 26. REGISTRAR'S SIGNATURE <u>Helen Campbell</u> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

6961 9 833

60 6 833

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 *Minnie J. Wheeler*

Licensed Embalmer No. *2277*

P. O. Address. *Branson*

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.