

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006598

STATE FILE NUMBER

FILED FEB 16 1959

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 62

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| 1. PLACE OF DEATH a. COUNTY <u>Pettis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Benton</u> | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Cole Camp</u> <u>0070</u> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Campbell Rest Home</u> | | Length of stay in lb <u>2 Weeks</u> | | d. STREET ADDRESS (If outside, give location) <u>Route #3</u> | | |
| 3. NAME OF DECEASED (Type or print) First <u>Anna</u> Middle <u>Augusta</u> Last <u>Meyer</u> | | | 4. DATE OF DEATH Month <u>Feb</u> Day <u>9th</u> Year <u>1959</u> | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>Oct 7th 1882</u> | 9. AGE (In years from birthday) <u>75</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (City and state or country) <u>Cole Camp Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U S A</u> | |
| 13a. FATHER'S NAME <u>August Beckman</u> | | 13b. MOTHER'S MAIDEN NAME <u>Anna Meyer</u> | | 14. NAME OF HUSBAND OR WIFE <u>William G 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>None</u> | 17. INFORMANT <u>Mrs Albert Meyer</u> | | Address <u>Mora 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 thrombosis</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> | | | | | <u>15 yrs.</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>332X</u> | | | | | 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 _____ a.m. _____ p.m. Month, Day, Year _____ | | | | | | |
| 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 <u>Dec 1958</u> to <u>2-9-59</u> and last saw her alive on <u>2-9-59</u> Death occurred at <u>10:35 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Alvin J Lowe M.D.</u> | | | 22b. ADDRESS <u>Sedalia Mo</u> | | 22c. DATE SIGNED <u>2-11-59</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>Feb 11, 1959</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Holy Cross</u> | | 23d. LOCATION (City, town, or county) (State) <u>Benton County Mo</u> | |
| 24. FUNERAL DIRECTOR <u>E L Rickhoff</u> | | | ADDRESS <u>Cole Camp Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>Feb 12 1959</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u> | | | | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *E L Rickhoff*
E L Rickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp Mo

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.