Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-012571
STATE FILE NUMBER

FILED MAY 12 1959 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 169

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY OR TOWN Cape Girardeau — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hosp — Length of stay in Ib 13 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Perry
c. CITY OR TOWN Union TWP 0790 — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) Uniontown — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Caroline Middle: Last: Meyer

4. DATE OF DEATH Month: May Day: 2 Year: 1959

5. SEX Female 1

6. COLOR OR RACE White

7. MARRIED [ ] NEVER MARRIED [ ] 2 WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH Mar. 9, 1881

9. AGE (In years last birthday) 78 — 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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Perry County, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph Unterriener

13b. MOTHER'S MAIDEN NAME Theresa Trapp

14. NAME OF HUSBAND OR WIFE Antone Meyer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Mrs Al Wucher Address: Perryville, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Lymphocytic leukemia, chronic — INTERVAL BETWEEN ONSET AND DEATH 10 years
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) 2040

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] 0

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 WORK [ ] NOT WHILE AT WORK [ ]
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 7-18-49, to 5-2-59 and last saw (her) (him) alive on 5-2-59
Death occurred at 4:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles F. Wilson M.D.
22b. ADDRESS 714 Broadway, Cape
22c. DATE SIGNED 5-7-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE May 4, 1959
23c. NAME OF CEMETERY OR CREMATORY St. Joseph Catholic Cem.
23d. LOCATION (City, town, or county) Apple Creek (State) Missouri

24. FUNERAL DIRECTOR Young & Sons ADDRESS Perryville, Mo.
25. DATE RECD. BY LOCAL REG. 5-8-1959
26. REGISTRAR'S SIGNATURE Irene Karten

(Licensed Embalmer's Statement on Reverse Side)

JUL 20 1959

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Pennsville

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.