

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014358

STATE FILE NUMBER

FILED MAY 4 1959

Registration District No.

274

Primary Registration District No.

3052

Registrar's No.

147

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		c. CITY OR TOWN Sedalia <i>08040</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1316 East 13th		d. STREET ADDRESS (If outside, give location) 1316 East 13th	
3. NAME OF DECEASED (Type or print) First JOSEPH Middle W. Last MEYER		4. DATE OF DEATH Month April Day 29 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 25, 1879
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Constable retired	
11. BIRTHPLACE (City and state or country) Sedalia, Pettis County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Meyer		13b. MOTHER'S MAIDEN NAME Matilda Geotz	
14. NAME OF HUSBAND OR WIFE *****		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Fred R. Meyer, 618 East 10th Sedalia, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic Epidermoid Carcinoma of Lips		INTERVAL BETWEEN ONSET AND DEATH 3 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) Arteriosclerotic Heart Disease. 1910	
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 _____ 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 August 1956 to 29 April 1959 and last saw him alive on 28 April 1959 Death occurred at 10:30 a m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ronald C. Hunter M.D.		22b. ADDRESS Sedalia, Mo.	
22c. DATE SIGNED 4/29/59		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 5/1/59		23c. NAME OF CEMETERY OR CREMATORY Smithton Cemetery	
23d. LOCATION (City, town, or county) Smithton, Missouri		(State)	
24. FUNERAL DIRECTOR Thane Ewing		25. DATE RECD. BY LOCAL REG. 4-29-1959	
26. REGISTRAR'S SIGNATURE Frances Shelby		ADDRESS Sedalia, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 *P. C. Baker*

Licensed Embalmer No.

P. O. Address

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.