

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014409

STATE FILE NUMBER

FILED APR 17 1958

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. 02

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>PIKE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>PIKE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>LOUISIANA</b>		c. CITY OR TOWN <b>LOUISIANA</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>PIKE CO. HOSP.</b>		d. STREET ADDRESS (If outside, give location) <b>R.F.D ONE</b>	
Length of stay in 1b <b>63 YEARS</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>LAURA AGNES MEYERS</b>			4. DATE OF DEATH Month Day Year <b>APRIL 8, 1959</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>APRIL 21, 1868</b>
9. AGE (In years last birthday) <b>90</b>		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) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	11. BIRTHPLACE (City and state or country) <b>RUSHVILLE, ILL.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>HARRISON IRWIN</b>	
13b. MOTHER'S MAIDEN NAME <b>MARIAH R. PHILLIPS</b>		14. NAME OF HUSBAND OR WIFE <b>CASPER MEYERS</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>NONE</b>	17. INFORMANT Address <b>MRS. SARAH JOHNS, PALMYRA, ILL.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute coronary occlusion</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10 min.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Advanced arteriosclerotic heart dis.</b>			<b>yes</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) <b>Bemchypnea</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <b>4/10/58</b> to <b>4/8/59</b> and last saw her alive on <b>4/7/59</b> Death occurred at <b>12:18 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>John A. Miller M.D.</b>		22b. ADDRESS <b>Louisiana, Mo.</b>	22c. DATE SIGNED <b>April 10, 59</b>
23a. BURIAL, CREMATION, REBURY (Specify)	23b. DATE <b>APR. 10, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>BUFFALO CEM.</b>	23d. LOCATION (City, town, or county) (State) <b>PIKE CO., MO.</b>
24. FUNERAL DIRECTOR ADDRESS <b>GEO. M. COLLIER, LOUISIANA, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>April 10, 1959</b>	26. REGISTRAR'S SIGNATURE <b>Bernice Collier</b>

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 *Geo. M. Collier*

Licensed Embalmer No. *3839*  
P. O. Address *Louisiana*

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.