

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-020082  
STATE FILE NUMBER

FILED MAY 25 1959 Registration District No. 384 Primary Registration District No. 4479 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <i>Schuyler</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Schuyler</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Queen City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Queen City</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>1</i>		Length of stay in lb <i>17 yrs</i>	098 <sup>0</sup> / <sub>0</sub> STREET ADDRESS (If outside, give location) <i>0</i>
3. NAME OF DECEASED (Type or print) First <i>Perkins</i> Middle <i>Oscar</i> Last <i>Van Meter</i>			4. DATE OF DEATH Month <i>May</i> Day <i>10</i> Year <i>1959</i>
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDDED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Oct 20 1898</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>retired farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>60</i>
13a. FATHER'S NAME <i>John Van Meter</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Pattetoe</i>	12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>492-426552</i>	14. NAME OF HUSBAND OR WIFE <i>Hilda Van Meter</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Myocardial Failure</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Massive Pericardial Effusion</i> DUE TO (c) <i>Emphysema (or Pulmonary)</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Peptic Ulcer</i>			INTERVAL BETWEEN ONSET AND DEATH <i>6 hrs.</i> <i>3 wks.</i> <i>5 yrs.</i>
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.) <i>-</i>	
20c. TIME OF INJURY Hour <i>-</i> Month, Day, Year <i>-</i>		20d. INJURY OCCURRED WHILE AT WORK <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.) <i>-</i>		20f. CITY, TOWN, OR LOCATION <i>Queen City</i> COUNTY <i>Missouri</i> STATE <i>Missouri</i>	
21. I attended the deceased from <i>8/23/50</i> to <i>5/10/59</i> and last saw him alive on <i>5/10/59</i> Death occurred at <i>11:30 p</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE <i>Edward M. Roberts M.D.</i>		22b. ADDRESS <i>Queen City Mo.</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>May 13 '59</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Queen City Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Queen City Missouri</i>	
24. FUNERAL DIRECTOR <i>Dealey Funeral Home, Queen City, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>5-12-59</i>	
26. REGISTRAR'S SIGNATURE <i>Miss. P. J. Dealey</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

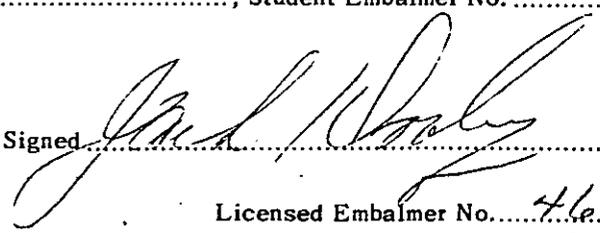
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MAY 26 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  .....

Licensed Embalmer No. .... 4619 .....

P. O. Address .. Queen City, 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.