

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027787

FILED VS JUL 27 1959

Registration District No. 223 Primary Registration District No. 4474 Registrar's No. 36

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>SALINE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE <u>MISSOURI</u> b. COUNTY <u>JOHNSON</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SWEET SPRINGS</u>		Length of stay in 1b <u>7 Days</u>		c. CITY OR TOWN <u>CONCORDIA</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>FORSYTH RESTHOME</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <u>7 MI. SOUTH + WEST</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last <u>OTTO CHRISTIAN MEYER</u>				4. DATE OF DEATH Month Day Year <u>July 23 1959</u>									
5. SEX <u>MALE</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>AUG 26 1885</u>		9. AGE (last birthday) <u>73</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. FARMING</u>		11. BIRTHPLACE (City and state or country) <u>CONCORDIA, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>						
13a. FATHER'S NAME <u>HENRY MEYER</u>				13b. MOTHER'S MAIDEN NAME <u>ANNA HOLSTEN</u>				14. NAME OF HUSBAND OR WIFE <u>SOPHIE MEYER</u> <small>DECEASED</small>					
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. <u>490-42-4717</u>		17. INFORMANT <u>OMAR MEYER</u> <small>Address</small> <u>CONCORDIA, 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 hemorrhage</u>										INTERVAL BETWEEN ONSET AND DEATH <u>4 mos.</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <u>Hypertensive cardio-vascular disease</u>										SEARCHED <u>yes</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)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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 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.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE		
21. I attended the deceased from <u>Mar 18, 1951</u> to <u>July 23, 1959</u> and last saw him alive on <u>July 15, 1959</u> Death occurred at <u>8:30</u> A.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>K. H. Brady MD</u> (Degree or title)						22b. ADDRESS <u>Concordia, Mo</u>			22c. DATE SIGNED <u>7/24/59</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>7/26/59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>ST. PAUL'S</u>			23d. LOCATION (City, town, or county) <u>CONCORDIA</u>			(State) <u>MO</u>			
24. FUNERAL DIRECTOR <u>E. L. James</u> ADDRESS <u>Concordia, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>July 25, 1959</u>		26. REGISTRAR'S SIGNATURE <u>Mary Mosley</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. S. James
Licensed Embalmer No. 2058
P. O. Address Concordia,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.