

FRI. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 17 1959

294

2056

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59-033392

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

INDEXED

Hold for new form

DOCUMENT

| | | | | | | | | |
|--|---|--|--|---|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>RAN DOLPH</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u> | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>MOBERLY</u> | | Length of stay in 1b | | c. CITY OR TOWN <u>BRUNSWICK MO</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>WOODLAND HOSP</u> | | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS <u>401 E BROADWAY</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>O SCAR</u> Middle <u>WEBSTER</u> Last <u>MORTIMEYER</u> | | | | 4. DATE OF DEATH Month <u>9</u> Day <u>4</u> Year <u>1959</u> | | | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <u>11-9-1893</u> | 9. AGE (last birthday) <u>75</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING.</u> | | 11. BIRTHPLACE (City and state or country) <u>BRUNSWICK MO</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>WILLIAM MORTIMEYER</u> | | | | 13b. MOTHER'S MAIDEN NAME <u>MARY MEYER</u> | | 14. NAME OF HUSBAND OR WIFE _____ | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | | 16. SOCIAL SECURITY NO. <u>no. ?</u> | | 17. INFORMANT <u>Mrs Mortimeyer</u> Address _____ | | | |
| 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>Intestinal Ileus</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 years</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | DUE TO (b) <u>Parkinson's Disease</u> | | DUE TO (c) _____ | | INTERVAL BETWEEN ONSET AND DEATH <u>6 years</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerosis, General</u> | | | | | | 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 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 15.) | | | | | |
| 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>Aug. 24, 1959</u> to <u>Sept 4-59</u> and last saw him alive on <u>Sept 4, 1959</u> Death occurred at <u>9:35a</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE <u>A. Shawler</u> (Name or title) | | | | 22b. ADDRESS <u>MOBERLY MO</u> | | 22c. DATE SIGNED <u>Sept 11-59</u> (State) | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>9-6-59</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>ELLIOTT GROVE CEM</u> | | 23d. LOCATION (City, town, or county) <u>BRUNSWICK MO</u> | | | | |
| 24. FUNERAL DIRECTOR <u>L. E. McCarty</u> ADDRESS _____ | | | 25. DATE RECD. BY LOCAL REG. <u>9-6-59</u> | | 26. REGISTRAR'S SIGNATURE <u>Beahill</u> | | | |

BY AFFIDAVIT OF

SEP 17 1959

DEC 5 1962

SEP 8 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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed L. E. McCuskey

Licensed Embalmer No. 4800

P. O. Address Brunswick

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.