

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 6 1959 *209*

3043

333

59-036896
STATE FILE NUMBER

Registration District No. *209* Primary Registration District No. _____ Registrar's No. *333*

ENDED

| | | | |
|--|---|--|--|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY Marion | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal | a. STATE Missouri | b. COUNTY Marion |
| Length of stay in 1b DOA | | c. CITY OR TOWN South River Twtnshp. | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital | | d. STREET ADDRESS (If outside, give location) RFD #2, Palmyra, Mo. | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

| | | | | | | |
|--|---|---|--|--|---|--|
| 3. NAME OF DECEASED (Type or print) | | | 4. DATE OF DEATH | | | |
| First Benjamin | Middle Godfrey | Last Mette | Month Oct. | Day 6 | Year 1959 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 4/25/1908 | 9. AGE (last birthday) 51 | IF UNDER 1 YEAR Months _____ Days _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Missouri | 12. CITIZEN OF WHAT COUNTRY USA | | |
| 13a. FATHER'S NAME Fritz Mette | | 13b. MOTHER'S MAIDEN NAME Elizabeth Schaeffer | | 14. NAME OF HUSBAND OR WIFE Gladys Hamilton | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. 492-42-6702 | 17. INFORMANT Mrs. Ben Mette, RT. 2, Palmyra, Mo. | | | |

| | | |
|---|--|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH Few minutes |
| IMMEDIATE CAUSE (a) Crushed chest | | |
| 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) | | 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 checked="" 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.) Tractor upon which this man was |
|--|---|---|

| | | | | | | |
|--|------------------------|---|--|---|---------------------|--------------------|
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | Month, Day, Year _____ | 20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) road | 20f. CITY, TOWN, OR LOCATION 064 | COUNTY _____ | STATE _____ |
|--|------------------------|---|--|---|---------------------|--------------------|

| | |
|---|--|
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on 10/6/59 | |
| Death occurred at 11 a m on the date stated above, and to the best of my knowledge, from the causes stated. | |

| | | | |
|--|------------------------------------|--|--|
| 22a. SIGNATURE <i>Lewis Brothers</i> | (Degree or title) MD Corner | 22b. ADDRESS 10116/59 Hannibal Mo | 22c. DATE SIGNED 10/14/59 |
|--|------------------------------------|--|--|

| | | | |
|---|--------------------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 10/8/1959 | 23c. NAME OF CEMETERY OR CREMATORY West Ely Cemetery | 23d. LOCATION (City, town, or county) (State) West Ely, Missouri |
|---|--------------------------------------|---|---|

| | | |
|--|--|--|
| 24. FUNERAL DIRECTOR Lewis Brothers, Palmyra, Mo. | 25. DATE RECD. BY LOCAL REG. 10/29/59 | 26. REGISTRAR'S SIGNATURE <i>Stem Lucke By St. C. Fisher</i> |
|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

Student _____
Signature of Student Embalmer

Signed

George M. Lewis

Licensed Embalmer No. 4851

P. O. Address Palmyra, 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.